

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

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CHAPTER 8, Foster Care
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800 Introduction

GUIDING PRINCIPLES AND AGENCY POLICY

All individuals will be served in a culturally competent and sensitive manner and without discrimination as relates to race, color, creed, disability, ethnicity or national origin, gender or religious belief. If service cannot be provided, or will be discontinued by SCDSS, the individual is entitled to explanation and notice.

Related guiding principles and policies which govern the Department of Social Services are as follows:

Principles

To respect the humanity and dignity of each person for whom the agency delivers quality services.

To respect the humanity and dignity of each staff person.

Quality Service

It is the policy of the Department of Social Services to promote a work environment that encourages each staff person in the Department to perform each duty exactly as required to serve client needs.

Mission Statement for Foster Care

The mission of foster care is to provide, within the framework of federal and state mandates, substitute care and supporting out-of home services which are child centered and family focused, contribute to the protection of children, and promote children's well being including services which meet their physical, social, emotional, educational, behavioral and developmental needs.

Definition of Foster Care

Foster Care is a temporary substitute care service offered to children who must be separated from their own parents/family for a specific purpose and for a planned period of time. It may take the form of relative placement, foster family care, residential group care, therapeutic foster care, residential treatment, or independent living depending on the needs of the child.

Foundation for Foster Care Policy

The Agency's Foster Care program is based on the following key philosophical tenets;

1. Most children are best served by remaining with their own families; therefore, removal should not occur until reasonable efforts have been made to see that the child's needs are met in his or her own home. Unless the child is in imminent danger, foster care should be the plan only when an in-home treatment plan and other appropriate preventive services are unsuccessful.

2. Foster care is to be used and interpreted to families as an element of a total placement plan of family reunification whenever possible.

3. Foster care requires a needs assessment and service planning.

4. Foster care includes providing services to family units (parents, siblings, and other relative resource), in addition to the child who is placed.

5. Foster care as a resource is time limited and goal oriented. It is a temporary service planned to provide care for a child until family reunification or an alternate permanent placement occurs.

6. Children need a permanent, stable home for continuity in physical care and relationship with their parents/caretakers.

7. A child's sense of time differs from that of an adult, varies with the child's age, and must be considered in planning any foster care placement.

8. Family involvement and shared or team decision-making is absolutely vital in:

- a. Evaluating the need to place a child in foster care;
- b. Planning with families for a child's placement;
- c. The decision to return a child to the child's family; and
- d. Implementing and achieving a permanent plan other than return home.

9. Foster Care services should not be used without appropriate preparation of the child, the family, and the foster caregiver, unless an emergency situation exists.

10. SCDSS shall not deny a person the opportunity to become a foster parent because of the family's or the child's race, color or national origin (RCNO). Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child. Culture may not be used as a proxy for race, color or national origin. Placements may not be delayed or denied on the basis of RCNO of the child or the provider.

11. Services and benefits must be provided to prospective parents and children who are in foster care in a non-discriminatory, non-differential manner.

Referenced Documents

Revision Comments

New Items 10 and 11 added for MEPA compliance.

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801 Policies

1. Foster care is a resource, which requires a shared or team decision-making approach in assessing the needs of the family and the child at or during placement:

- a) in identifying what conditions led to the agency's interventions;
- b) in determining what conditions must change in order for the child to be returned safely;
- c) in monitoring the progress of the parents and the child;
- d) in evaluating and measuring the reduction of threats;
- e) achieving permanency for the child within a reasonable time frame;
- f) efforts should be made to have family members participate in the various staffings, placement meetings, progress evaluations, etc. initially and throughout the life of the case.

2. The immediate safety and future risk of children must be assessed continually and serves as the foundation for all child protective service and foster care interventions. Safety and risk assessments must include foster care placements, relative and alternative care givers.

3. When possible and appropriate, the permanent placement plan for a child in foster care should be family reunification. Efforts will be made to locate and involve non-custodial or absent parents.

4. Alternatives to family reunification must be considered when the child's parents have not been successful in achieving, within a reasonable time period, treatment goals which are realistic, structured, and focused on the problems which placed the child at risk in the home; the child is an orphan with no living biological or legal parents; the parents have voluntarily released the child for adoption; the parent's condition is such that rehabilitation is not feasible; or the problem which resulted in the child's placement in foster care through a voluntary placement agreement have not been resolved.

5. When family reunification (including birth and extended family) is no longer the plan, adoption (by relative, foster parent, or other approved adoptive resource) must be assessed as the next permanent plan option. If after this assessment it is determined that adoption is not an option, then legal custody/guardianship to either a relative or non-relative should be explored as a possible permanent plan. Then the next permanency

option is placement with a fit and willing relative. The final permanency option of “Another Planned Permanent Living Arrangement which provides for the child with an individual committed to a lasting, supportive lifetime relationship. (See Section 831)

6. Selection of a foster care provider, including foster home (relative or non-relative), therapeutic foster care, group care facilities, and residential treatment facilities, should be based on the child’s identified needs and the resources of the foster care provider to meet the child’s needs. Efforts will be made to place a child within their community or county, provided that is in the child’s best interests.

7. Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider.

8. Whenever placement of a sibling group is necessary, every effort should be made to place the siblings with the same foster care provider.

9. The Agency is committed to maintaining continuity of the child’s relationship with his/her parents and siblings through regular, frequent visitation (unless a court has ordered otherwise).

Referenced Documents

Revision Comments

Item 7, Note; language added to be in compliance with MEPA.

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801.01 Guided Supervision for Foster Care Cases

This section adds guidelines for Guided Supervision to foster care policy.

Policy Statement

The Foster Care Supervisor will use a process called Guided Supervision to staff cases at critical points in the life of the case. Guided Supervision is a process supported by a tool that encourages supervisors to ask questions that explore workers' capacity to assess immediate danger to or safety of a child and to strengthen their capacity to determine child safety based on family conditions, the vulnerability of the child (ren), and observable threats in the home that present imminent harm. The goal of Guided Supervision is to improve the quality of assessments, to build worker capacity for assessing child safety, to ensure that the safety or treatment plans workers develop are addressing the circumstances which caused the child to be unsafe with a plan that is action-oriented and has an immediate impact with respect to ensuring child safety. Guided Supervision is expected to help workers become more knowledgeable about safe and unsafe home environments and what constitutes safety and to help them become more skilled in identifying safety threats and potential harm to the child, distinguishing present and impending dangers, assessing child safety, assessing parental protective capacities, identifying safety thresholds and safety interventions.

What Children and Youth are Affected by This Policy

Any child or youth who enters foster care will be affected by this policy.

Procedures for Guided Supervision

1. The Foster Care Supervisor uses the Guided Supervision Tool to assist with the assessment of safety, permanency and well-being of the child. Guided Supervision is used for identification of additional information needed

to determine appropriate actions in a case. There is a CAPSS code called Guided Supervision Staffing from which weekly batch reports will be pulled. The following should be discussed during the Guided Supervision staffing:

- a. What led to the child being in foster care?
- b. Describe the child's functioning on a daily basis.
- c. What are the biological parents' functioning abilities?
 - d. What are the biological parents' general parenting experiences? i.e.: activities with child;
 - e. How are the parents' cooperating with the treatment plan?
 - e. What are the foster parents' general parenting experiences?
- f. Describe the biological parents' general discipline techniques.
- g. Describe the foster parents' general discipline techniques.
- h. What is the status of any legal actions on this case?
 - i. What is the permanency plan for this child? Is the plan reasonable for what is happening in this case?
 - j. What is the status of locating non-custodial parents?

2. Guided Supervision should be used in Foster Care cases at the following critical decision making points or any time there is a change in the status of a case:

- a. When a case needs to be transferred;
- b. When there is a need for legal action on a case;
- c. When a non-custodial parent has not been located;
- d. For any review of the case;
- e. When there is a permanency staffing;
- f. For case closure;
 - g. When a child is to return home to biological parents or they are to be placed with a relative.

Referenced Documents

Revision Comments

New Section

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810 Basic Requirements During Foster Placement

810 Basic Requirements During Foster Placement

This section provides the basic requirements for the case work process when a child enters care whether by Emergency Protective Custody, Ex-Parte order, or voluntary placement.

Policy Statement

Foster care provides substitute care and supportive out-of home services which are child centered and family focused, contribute to the protection of children, and promote children's well-being. Foster care must be time limited and goal oriented. It is a temporary service planned to provide care for a child until family reunification or a permanent placement occurs, such as relative placement or adoption. Services which meet the physical, social, emotional, educational, behavioral and developmental needs must be provided to the child in foster care.

Departmental Values

Every child deserves to have permanency and be safe. Children do best when raised in families and families are engaged in every part of the process. The permanent plan for a child in foster care should be family reunification, if possible, within a reasonable time frame.

What Children/Youth are Affected by This Policy

Any child or youth who enters foster care will be affected by this policy.

Operational Impact

It is the responsibility of the agency to intervene in family affairs to protect the children while attempting to cause the least trauma to the family and child as possible. The agency goal is to work with families and communities to protect children from abuse and neglect and to promote their safety so that they may grow into adulthood as healthy and positive individuals.

Procedures

The following procedures apply from the child's entry into foster care until the child's foster care episode ends.

1. Frequency of Contact

The minimum requirement for frequency of contact is derived from state and federal legislation.

Frequency requirements for the child over age 18 are established by the agency.

See Section 819.02, Contact with the Child, Provider, and Parent

1a. Child Contact

A minimum of monthly face-to-face contact for is maintained with each child under age 18 by the child's worker or member of the child's case work team.

At least one visit with the child and child's caseworker is held during the first week of placement. See Section, 810.01, Entry Into Foster Care Item 10.

The contacts focus on the safety, permanency, and well-being of the child.

See the following sections:

819.02 , Contact with the Child, Provider and Parent regarding implementation of this requirement for the child under age 18, youth over age 18 receiving after care services, child placed out of state, child placed in an emergency shelter, reporting requirement when child under age 18 is not seen and percentage of visits to occur in the placement setting.

817, Emergency Shelter for specific requirements related to frequency of contact when a child is an emergency shelter.

1b. Provider Contact

Contacts are maintained by the child's worker with members of the foster home in accordance with the following **time frame standards as per state law:**

- a monthly interview either in person or by telephone with the foster provider
- face-to-face interview at least once every two months with the foster provider in the foster home;
- face-to-face interview with all adult members of the foster home on a quarterly basis (can be individually or as a group); and
- face-to-face interview with any new adult moving into the foster home within

one month of the adult moving into the home.

The requirements for contact apply to foster parents / pre-adoptive parents, and relatives who have not become licensed.

For the child placed in group care or other facility, the worker interviews the care giver (i.e. facility staff who provided day-to-day care).

1c. Parent Contact

The agency acknowledges the progress of the case is dependent upon contacts and work with the birth parent or guardian to correct behavioral issues that put the child in an unsafe or high risk situation resulting in the removal of the child from the home. To effectively determine the degree of progress made by the parent or guardian, it is critical that the worker makes diligent efforts to conduct monthly face-to-face contact with the birth parent or guardian from whom the child was removed. The efforts to engage the family must be clearly documented and should involve a variety of attempts, including telephone, email, letters, both announced and unannounced visits at various times during the day or attempts to contact through their place of employment, etc.

During face-to-face visits, the worker evaluates the treatment plan to determine if the action steps are creating the behavioral changes which will enhance the parents' protective capacities. The worker documents their assessment of the parent's needs as they relate to safely parenting the child and reunification of the child with the family. The worker should also document what services are provided to remedy the parent's need, if the needs are related to the condition of the removal or the agency's ability to reunite the child with the family.

The refusal of the birth parent to comply with the monthly contacts does not relieve the agency of the due diligent attempts to see the parent. Within ninety (90) days of the parents' lack of compliance with monthly contacts and placement (treatment) plan, a legal staffing must be held to determine whether the agency should file a rule to show cause, a complaint for a permanency planning hearing (PPH), or a termination of parental rights (TPR) complaint. If the agency decision is to file a complaint for a PPH or TPR, the complaint must be filed within sixty (60) days of the staffing. The documented efforts made by the worker to see and work with the parent will be used to assist the agency when necessary to change the child's plan from reunification to Termination of Parental Rights (TPR).

The agency may ask the court to be relieved of offering services to the parent in the following circumstances:

A.) If there are grounds to forego reasonable efforts and a complaint for TPR is being filed at the merits:

I.) In this case, a treatment plan is not completed with the parent and the monthly contacts are not required.

II.) Visitation with child and parent **cannot** be denied until the TPR is granted, **unless court ordered** at the 72 hour hearing due to the visitation being contrary to the welfare of the child,

OR

B.) If APPLA is the plan for the youth and the parent is not involved with the youth,

OR

C.) If the Agency has exhausted efforts to involve a non-custodial parent, but the child's plan is reunification with the other parent or relative:

I.) In this case, the documentation that the non-custodial parent wishes no further contact with the child needs to be written documentation by the worker if the only contact attainable was by verbal communication with the worker and non-custodial parent.

II.) The agency will not necessarily pursue TPR on the non-custodial parent since TPR would remove the option of the other parent or relative of receiving child support upon reunification.

If the agency is relieved, by court order, of providing services to the parent(s):

I.) The worker is not required to complete diligent efforts for monthly contact with the birth parent.

II.) The worker will encourage the parent to seek professional help to address and remedy the problems that prevent them from parenting their child. While the agency may assist with identification and referral of services the agency will no longer be responsible for monitoring or working toward a goal of reunification for their child. The worker will advise the parent of the case decision and will offer referrals for any service the parent requests.

III.) Visitation with the child and parent, if in the child's best interest, should continue to be offered and arranged by the worker. The worker must document that the parent was advised of his/her right to visit with the child.

See also Section 819.02 Ongoing Contact with the Child, Provider and Parent regarding implementation of these requirements.

2. Entry

Children enter foster care by:

- Emergency Protective Custody (by law enforcement)
- Ex Parte Order of the Court
- Removal Order of the Court
- Voluntary Placement by parent/guardian (Section 812)
- Voluntary Relinquishment by parent (Section 829)

A child placed in a 24-hour hold status is not considered as having been placed in foster care.

For the child entering foster care through court orders issued by Family Court as a result of non-DSS actions (such as DJJ hearings or private custody actions), the agency treats the case as an emergency removal with a 72-hour hearing to follow up. The first order following this emergency removal (order from the 72 hour hearing) must contain the requisite language in order to ensure IV-E eligibility..

3. Licensed Placement

The child is placed with a licensed foster home (relative or non-relative) or licensed group care facility.

See Section 830.01 Emergency Study of Relative or Non-relative Placements.

4. Safety Assessment

Safety of placement must be assessed at, or within 48 hours of placement, and ongoing thereafter.

See Section 819, Minimum Ongoing Services/Supervision, Item 1 regarding implementing this requirement on an on-going basis.

5. Disclosure of Location

The nature and location of the child placement are included in the case plan and shared with the parents unless it is determined that disclosure of the location of the placement would be contrary to the best interest of the children. See Section 819 Item 1 for additional information.

6. Current Picture of Child

A current picture of the child is included in the child's agency file. A picture is taken at the time of entry into DSS custody. If a picture is not taken at the time of entry into DSS custody one should be taken soon thereafter.

If the child remains in DSS custody, at least annually a picture is taken for the DSS file. A school picture is sufficient.

The picture(s) can be given to the child, parent or caregiver for multiple uses and shared with law enforcement to facilitate search efforts, if necessary.

7. HELPLINE Card

The child is provided with the HELPLINE card with the case manager's name and telephone number and supervisor's name and telephone number to age appropriate child (5 years of age and older). The card may be provided to a younger child if the child's maturity level indicates that this is appropriate.

On the reverse side of the card is the 24-hour toll free number required by statute. (The toll-free number is 1-888-722-2580.)

When giving the card to the child, the worker provides an explanation that the number may be used if problems exist which the child believes the caseworker cannot or has not resolved.

8. Non-custodial parents: Identification, Search, and Involvement

Diligent efforts are made to identify and locate non-custodial parents for consideration of placement and for continuity of relationships.

Ways to Search:

- The parent locator services of DSS Child Support Enforcement (CSE). See Section 810.01.06 regarding accessing the CSE parent locator service.

CSE provides a thorough search that can be documented as a part of diligent search activities, particularly if an absent parent cannot be located.

- Free Internet searches.
- Inquiries with individuals in addition to the custodial parent (i.e. extended family members) when the custodial parent does not have or provide information regarding the whereabouts of a non-custodial parent.
- The CHIPS data base for FI and SNAP for current or historical information.

The result of the search efforts for any absent parent is documented in the family story of the case plan (DSS 30231). When a referral is made to CSE, CSE is updated with additional information obtained by the worker.

When a non-custodial parent is located, the worker immediately follows up to involve all legal and/or biological parents (i.e. when the non-custodial parent is located subsequent to removal) to:

- Notify the county attorney in order that the parent can be made a party to the court action;
 - Immediately consider and assess the non-custodial parent for placement.
- The safety of the child with the non-custodial is the critical consideration for reunification with the non-custodial parent.

The assessment of a non-custodial parent is completed by the child's caseworker as a part of the family assessment in the case plan (DSS 30231).

The worker checks CAPSS for CPS for past or current CPS history, inquires if there are any court orders regarding parent-child visitation, and makes a criminal records and sex offender registry checks.

Based on the information available, the worker and supervisor determine if additional information is needed to make a recommendation to the court regarding placement of the child with the non-custodial parent.

A visitation plan is developed with the custodial and non-custodial parent.

According to the individual circumstances of a non-custodial parent, a

treatment plan may or may not be necessary

Court approval is required prior to placement with a non-custodial parent or for approval of treatment plan if a plan is necessary with the non-custodial parent.

9. Proximity of Placement

Children should be placed in close proximity to their home at the time of removal unless that placement is a safety threat to the child. For purposes of meeting this federal requirement, close proximity is defined as placement in the child's school attendance zone or home community if the child is not school age.

See Educational Stability Item 11 in this section regarding determinations that must be made regarding the child remaining in the same school or changing schools.

Placement in the child's home school attendance zone or home community promotes reunification and maintains meaningful connections and promotes educational achievement.

If the child cannot be placed in his/her home school zone or community, the child should be placed in his/her home county.

If close proximity for the child is across a county or state line, case dictation regarding the child must include the basis for considering if the placement is in proximity for the child.

In addition to the child's initial placement setting, **any subsequent placement changes** must take into account **proximity to child's home community to maintain connections and to maintain educational stability.**

If it is not in the child's best interest to be placed in proximity to parents and within the home community/school attendance zone (i.e. safety threats to the child), the basis for this determination must be documented in the child's case dictation.

If the child is not placed in the child's home school zone, the child's plan is updated to address returning to the home school zone / community unless it is documented in the child's case dictation and case plan why it is not in the child's best interest to be placed in close proximity to the parents or in the child's home school attendance zone / community.

If the child cannot be placed in the child's home community because of the lack of an available or appropriate placement, the child's worker notifies the designated recruitment staff of the placement needs of the child.

If siblings must be separated, reasonable efforts are made to place the siblings in close proximity to each other to facilitate sibling contact.

The likelihood of reunification with the custodial or non-custodial parent may be included in consideration of close proximity to the child's home. Placement near the child's home is also important if foster caregivers are providing mentoring services to the child's family.

See Section 819.01 Permanency: Living Situation regarding implementing this requirement on an ongoing basis.

10. Appropriate, Least Restrictive Most Family Like Placement Setting

Children should be placed in the most family like setting unless it is determined it is not in their best interest (federal requirement). If child cannot be placed in a family like setting, the child is placed in the least restrictive most family-like setting that meets their needs.

For purposes of meeting the requirement of the Social Security Act, Title IV-E, Section 475, foster family homes (relative or non-relative) are considered the least restrictive and most family-like placement. Group homes are considered more restrictive than foster homes, but less restrictive than residential care facilities. The basis for the child not being placed in a family like setting must be documented in the child's case dictation.

See the following sections to implement these requirements on an ongoing basis:

817 Emergency Shelter Care

819 Items 2 - 2 d Ongoing Services and Supervision
(Appropriateness of Placement)

11. Educational Stability and Required Attendance

Concerted efforts are made to maintain educational stability for the child. See Section 819.01.02, Item 1 Well Being: Education.

Educational stability promotes school achievement. Placement within the

child's school zone allows the child's school activities and support systems to continue.

Children should remain in the school they were attending at the time of removal or any subsequent placement change when it is in their best interest and transportation is reasonably available.

When a placement change is being considered, the child's ties to a school and which school can better serve the child's educational needs must be considered.

For the purpose of meeting the federal requirements regarding educational stability, if the placement must change:

- the agency's efforts to maintain educational stability are included and documented in the case plan.
- the child's case plan includes steps to facilitate educational stability for the child.

Title IV-E Funding eligibility requires that the school age child is a full-time elementary or secondary school student unless the child is incapable of attending due to a documented medical condition. See Section 819.01.02, Item 1 b Well Being:Education regarding implementing the requirement.

12. Sibling Placement and Minimum Standard for Connections if Siblings must be separated:

Reasonable efforts are made to keep sibling groups in the same placement or facilitate visitation and ongoing contacts when siblings are not placed together.

For the purpose of meeting the federal requirement, prior to placing siblings separately or within **10 days of children being placed in separate placements (for emergency situations)**, the worker conducts a staffing to:

- Determine the reasons for separating siblings (lack of available placement, contrary to the safety of any of the siblings).
- Confer with the child's Guardian Ad Litem.
- Obtain supervisory approval if it is determined that siblings must be placed separately because placement together is contrary to the safety and well-being of the siblings. Supervisory approval is documented by supervisory entry into CAPSS dictation or by the supervisor's signature on the Case Staffing Form (DSS 3062).

- Develop a plan and time frame for sibling reunification, if it is not contrary to the safety and well-being of the siblings; AND
- Develop and monitor a plan for ongoing sibling visitation and interactions when siblings must be separated.

The worker documents the basis for decisions regarding sibling placement and visitation and the outcome of staffing on Case Staffing Form (DSS 3062) with signatures of participants.

See Section 819.01.01 Permanency: Continuity of Relationships and Parent-Child Visitation regarding sibling contact.

The frequency of contact depends on the individual needs of the child.

The minimum frequency of contact as established by the agency is monthly face-to-face contact for siblings for the purposes of meeting the federal requirement. Face-to-face visits may be supplemented by other contacts such as telephone, email/texting, and letters.

Parents, relatives, and foster care providers may assist in facilitating the contacts as appropriate for the individual case circumstances.

Note: A child placed in residential treatment or a DJJ facility, for example, may be able to receive letters when contact by telephone or email is not possible.

If a child entering foster care has siblings already in placement, the agency makes efforts to place the siblings together unless that is not in the best interest of one of the siblings. For example, a half-sibling may be placed with the father or paternal relatives.

13. Parent-Child Visitation

The worker coordinates **reasonable and meaningful visitation between the child and parents** unless there is a court order suspending visitation.

Minimum Frequency Standard

The minimum agency standard is twice per month. More frequent visitation is recommended for infants and young children and for children being reunified with the parent. Refer to the visitation plan in the court order for any conditions from the court regarding visitation. See Section 819.01.01, Permanency: Continuity of Family Relationships and Connections, Items 5 - 6 c.

At least one visit between the child and parents, siblings or other

significant adults is arranged during the first week of placement, unless contrary to the welfare of the child.

Parent-child visitation is used as an opportunity for the parent to demonstrate increased protective capacities related to identified safety threats and to support the parent-child relationship.

Supervisory assistance/guidance is sought and documented regarding the appropriateness and safety of **parent-child visitation** when issues of severe physical abuse, sexual abuse and domestic violence are involved. See Section 819.02 Ongoing Contacts with Child, Providers, and Parents regarding implementation.

14. Placement, RCNO, Stability, Support, Change, Special Considerations

The child is placed in the least restrictive most family-like setting in close proximity to the child's home / community that meets the best interest and special needs of the child. See Item 15 below regarding priority and use of placements with relatives and other individuals known to the child.

14 a. RCNO:

Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO.

Placements may not be delayed or denied on the basis of RCNO of the child or the provider.

MEPA and Title VI do not impact the placement preferences for an American Indian child who is a member of, or is eligible for membership in, a federally recognized Tribe. MEPA and Title VI apply fully to American Indian children who are not covered under ICWA. See Section 811 Indian Child Welfare Act for additional information.

14 b. Stability

The foster child benefits from permanency in a **stable** placement setting that is the child's best interest and that is consistent with achieving the child's permanency goal.

The state and federal standard is two or fewer placement settings

for a child during a foster care episode.

Information gathered from the child, foster care provider and others (parents, therapist, etc. if applicable) is used in efforts to promote stability and/or address needs.

See Section 819.01 Item 3 Permanency: Living Situation regarding implementation.

14 c. Support for stability

Issues and concerns associated with placement stability are addressed in the child's case plan.

14 d. Placement Change: Preparation and Notice to Provider

The child and provider are prepared for placement change to the extent possible.

See the following sections

819.01.05 Placement Change

819.01.06 Additional Services for the Foster Child
Adjudicated As A Sex Offender

How the change is to be accomplished depends on whether the removal is on an emergency; or non-emergency basis.

See the following sections regarding the notice of removal to foster parents.

845 Change in Foster Placement

845.01 Foster Parent Requests Child Be Moved

845.02 Emergency Removal of a Child

845.03 Non-emergency Removal of a Child

845.04 Change in Permanent Plan that Involves Move
from the Current Foster Home.

14 e. Special Placement Consideration for Adjudicated Sex Offender:

South Carolina law requires that a foster child has been convicted of, pled guilty to or been adjudicated delinquent, pled guilty or nolo contendere to or been adjudicated delinquent for a sex offense, then the child must be placed in a therapeutic home.

- Additionally a petition may be submitted to the court requesting

a placement other than a therapeutic home if good cause is shown such as being placed with their siblings.

- Providers **must** be apprised of the child's history and whether he/she is convicted/adjudicated delinquent, or pled guilty to a sexual offense as defined by SC Code 63-7-2360.
- The foster parent must be provided updated information on an ongoing basis.

See the following Sections:

Item 18 in this section, Obtaining and Sharing
Essential Information

819.01.06 Special Services for the Foster Child
Adjudicated As a Sex Offender.

14 f: Interstate Placement

If a child in the custody of the Department of Social Services is to be placed in another state, the requirements of the Interstate Compact for the Placement of Children (ICPC) must be followed. See ICPC Section 841- 841.03.

15. Maintaining Connections: Placement with Relatives and Notice to Relatives and Tribe

In the absence of good cause to the contrary, preference must be given to placement with relatives or other persons known to the child and who have had a constructive and caring relationship with the child.

Adult / community connections to be maintained for the child are listed and updated in the Education and Health Passport (DSS 30245).

It is important to identify persons with whom the child needs to stay connected to regardless of whether or not the child and siblings can live with that individual on a full time basis.

See Section 819.01.01 Permanency: Continuity of Family Relationships and Connections.

15 a. Due Diligence to Identify, Search for Relatives

Within 30 days after the removal according to federal legislation, due diligence must be used to identify and notify all grandparents and other adult relatives of the foster child, including any relatives suggested by the parents.

The notice within 30 days of placement is to allow the relatives an opportunity for placement and to participate in the care for the child at the beginning of the child's placement into foster care. At a minimum other relatives are adult siblings or other relatives of the first degree (aunts and uncles).

Exceptions can be made due to family or domestic violence. The exceptions are documented in the family story for easy access by other DSS staff (i.e. future workers) and to avoid (when possible) the family from having to repeat this information.

Inquiries are made to the custodial parent. Additionally inquiries should be made to relatives and other individuals who might have information regarding relatives.

Family meetings and family conferencing provide opportunities to inquire about names and addresses of grandparents and other adult relatives and whether or not the child is a member or eligible for membership in a federally recognized tribe.

Relatives and other individuals are assessed as a placement resource and/or for continued connections. The result of searches, outcome of home studies and outcome of considerations for placement are documented in updates in the case assessment and planning process (DSS 30231).

See the following sections:

818.025 Conducting an Initial Family Meeting for additional information regarding family meetings.

811 Indian Child Welfare Act.

15b: Documentation: Due diligence expended to identify and notify relatives is documented in the case plan (DSS 30231) for the purpose of meeting federal requirements. If relatives are excluded i.e. due to family or domestic violence, the basis for the decision is documented in the family story.

15 c. Notice to Relative

For the purpose of implementing the federal requirement of notification within 30 days of the child's entry into foster care, the notice to the relatives (DSS Form 30241) contains the following explanations:

- That the child has been removed from the custody of the parent or parents of the child;
- That if the relative wants to have the child live with him/her, the relative should consider foster licensing; and that a copy of the licensing brochure "Foster or Adopt A Child," DSS 3001 is enclosed; If the relative wants to be licensed as a foster parent and meets the licensure requirements, they will be eligible to receive a foster care board payment and Medicaid. The Relative should also be informed of services available to the family and child that will assist in meeting the needs of the child resulting from trauma caused by abuse or neglect. Services may include referral for therapy (counseling, speech, physical or occupational), assistance with referrals for educational supports such as Individual Educational Plans (IEP) or day care services via ABC vouchers, if both parents are employed.

If the relative desires placement without being licensed, the following requirements must still be met:

All adult household members must have safety checks completed including CPS, Sex Offender, and Criminal Background Checks,

The Alternative or Relative Home Study must be completed, and

The relative must agree to monthly contact by the agency as long as the child's case is open with DSS.

If the family desires a relative placement without being licensed, they **must** be informed that they will not receive a monthly foster care board payment, but they would be **eligible to apply for Child only TANF** benefits and Medicaid. Services to assist the family with parenting the child would be available to the family for the duration of the agency's involvement with the child and family. These support services include counseling, monthly visits by the worker and

referral for other services as identified as needed for the child and family transition or navigation services.

- That failure to promptly respond may jeopardize his/her chance to have the child live with them.

A copy of the notice to each relative is filed in the paper case file for the child.

15. d. Continued Efforts: Efforts to continue to identify/locate relatives are updated at least every 6 months in the case plan (DSS 30231) regarding placement unless it is documented in the case plan (DSS 30231) that efforts to identify and involve relatives have been exhausted.

15. e. Compliance with the Indian Child Welfare Act

To meet the requirements of the Indian Child Welfare Act (ICWA), if the child is a member of a recognized tribe or eligible for membership in a recognized tribe, the tribe must be notified that the child has entered foster care.

The purpose of the notification is to give the tribe the opportunity to intervene in court proceedings and be active in the planning for the child, including placement of the child in a placement determined by the tribe (i.e. placement on the reservation, placement with a member of the tribe or other Native American family and maintenance of tribal customs/culture).

Inquiries regarding connections to Native American tribes must be made at the time of entry or immediately after entry of the child into foster care.

The tribe is notified by telephone with follow up in writing.

See Section 811 Indian Child Welfare Act for additional information regarding placement selection.

16. Child Well Being: Mental Health and Behavior

The child's mental health and behavioral needs are identified and

addressed in the initial and ongoing updates to the child's assessment and case plan (DSS 30231). See Section 819.01.02 Item 2 Well Being regarding ongoing implementation.

Initial Mental Health Assessment

An initial mental health assessment is completed within 24 – 48 hours of child's entry into foster care.

Interagency System for Care of Emotionally Disturbed Children (ISCEDC) Protocol: time frame of 48 hours from entry to complete mental health assessment.

The information from the assessment is included in the Education and Health Passport (DSS 30245).

16 a. Child Well Being: Physical and Dental

The child's physical and dental health needs are identified and addressed in the initial and ongoing updates to the child's assessment and case plan (DSS 30231).

Comprehensive Medical Assessment

An Initial Comprehensive Medical Assessment is completed and documents medical information within 5 working days of the child's entry into foster care, if not completed within the first 24 hours of placement.

The physician documents the medical information by completing the Comprehensive Medical Assessment form (DSS-3057).

A copy of the DSS-3057 is filed in the child's case file.

The information from the medical assessment is included in the Education and Health Passport (DSS 30245). See Section 818.5 for additional information regarding the passport.

The medical information from the assessment is included in the Education and Health Passport (DSS 30245).

A referral to BabyNet for children under age 3 is required if it is suspected that the child may have developmental delays. This is a CAPTA (federal law) and Part C of the Disabilities Act (IDEA).

17. Child Well-Being: Transition to Adulthood

Transitional Services are provided to the foster child to promote development of life skills to enable the child to transition successfully to adulthood.

See Sections 832 - 832.07 regarding Transitional Services. .

18. Obtaining and Sharing Essential Information Regarding the Child

Essential educational, medical and mental health / behavioral information regarding the child is obtained from the parents, relatives, and others (i.e. during a family meeting) in order to meet the immediate and ongoing needs of the child and to be shared with the foster parent / provider.

Information regarding health, education, and adult and community connections for the child is documented in the child's Education and Health Passport (DSS 30245).

Information includes but is not limited to:

- Medical, mental health conditions (i.e. critical health conditions, prescribed medications, use of sleep monitors, etc.),
- History of the child, for young children schedules and comfort items,
- The nature of the abuse and/or neglect,
- Behavioral problems, and
- Matters related to educational needs.

As much information as possible is given to the foster care provider by the first working day after placement.

The agency files/databases should be researched for more information during the first week and shared with the provider.

When new information is acquired, the caseworker shall immediately convey the information to the providers. The Education and Health Passport (DSS 30245) is also updated. See Section 818.05, Education and Health Passport.

When possible, arrangements should be made for the birth parents and the foster care parent to meet in a neutral setting to exchange information regarding the child, unless meeting is contra-indicated by case circumstances.

The Passport (DSS 30245) is reviewed with the foster parent / provider with an explanation that they are expected to file recent educational and medical information.

Note: An example of information that should **not** be in the Passport would be psychological report on the child or other information that could possibly cause harm.

In the event a child has to move to another placement, the passport follows the child and is given to the next provider

Foster parents must be reminded that the information contained in the passport is considered confidential and they are bound by foster home licensing regulations to maintain the confidentiality of this information. See Section 818.05, Education and Health Passport.

Staff updates medical and educational information in CAPSS in appropriate tabs.

If the child has been adjudicated as a sex offender, see Section 819.01.06 Additional Services for the Foster Child Adjudicated As A Sex Offender for specific requirements regarding sharing information with the foster care provider.

19. Addressing Loss and Grief

In collaboration with the foster care provider, the child is assisted in dealing with issues of loss and grief associated with separation from the family.

For the purpose of meeting this state law requirement, actions to assist the child in addressing loss and grief are included in the child's plan (DSS 30231) per South Carolina statute. (SC 63-7-1680)

20. Redirection of Child's Income

When a foster child receives Child Support, Social Security, Veterans benefits or other income, the payments are redirected to DSS to cover the board payments and any other needs of the child.

When the child returns home, the benefits are redirected back to the family. See Section 810.02 Intake - Funding Notes.

21. Child Support Amount

South Carolina Child Support Guidelines are mandated in setting all child support payments for children in foster care. The guidelines may be found at the DSS website. (Click on Child Support and then click on Child Support guidelines.)

When court ordered payments differ from the child support guidelines, the court order must specify the reason for the deviation.

When child support is addressed at a removal hearing, a copy of the order must be forwarded to Child Support Enforcement.

22. Family Engagement and Family Meetings/Conferencing

Family meetings provide opportunities for the parents and the child(ren) to be engaged in case planning process and for identifying and including individuals who will support/assist the parents in changing the behaviors that resulted in the child being placed in to foster care. The child participates according to the child's age and development unless the child's participation is contra-indicated by case circumstances (i.e. recommendation of a therapist, a court order). If the child chooses not to participate, the child's views are presented by an individual (i.e. the Guardian ad Litem for a child in foster care, an individual as requested by the child. The child's views may also be presented by a letter written by the child.

For counties who have implemented a model of family of family meetings/conferences and decision making, parents may develop their own proposal for a family plan of the services and actions to address the behaviors that must be changed. The parents' proposal is incorporated into the case plan as long as the non-negotiable issues (i.e. safety threats) are addressed in the parent's plan.

An initial family meeting is conducted within 24 hours or within 3 days of entry into foster care, if possible. The purpose is to gather

background health and other information regarding the children and to determine if an in-home safety plan can be put into effect and children can be returned home at the Probable Cause hearing.

Additional information to be gathered includes identification of relatives to be notified of placement of the child and whether or not the child is a member or eligible for membership in a tribe.

A representative for ICWA or the tribe is invited to participate in the family meeting if the parent requests the representative to be present. The information gathered is included in the Health and Education Passport (DSS 30245).

Note: Expressed placement preferences from the child or birth parent concerning **RCNO** shall not be considered in foster care placements, except in the case of an individual child who has received an individualized assessment by a licensed professional, and that assessment has found that it is in the child's best interest to be placed into a family of a specific RCNO.

23. Maintaining Medical and Educational Information

The child's medical and educational information are maintained. Copies of this information are given to the parent when the child exits foster care and to the youth exiting foster Care.

See the following sections regarding implementation:

810.01.01 Entry Into Foster Care regarding the life book and developmental history.

819.01.04 Ongoing Case Management.

24. Comprehensive Family Assessment and Case Plan

A comprehensive assessment and case plan is completed when the child enters foster care according to the agency assessment and case plan process (DSS 30231).

The assessment and plan are updated as circumstances change.

The case plan is developed prior to the removal hearing or within 60 days of the child's entry into foster care if the removal hearing is delayed.

See the following sections regarding completion of the assessment and case plan:

810.01 Initial Assessment and Case Plan

819.01.03 Ongoing Case Review and Assessment for implementation.

810.01.03 Parent Plan

810.01.04 Child Plan

24 a. Permanency Plan

Permanency planning is the process of achieving at the earliest time the placement of the child in foster care into a safe, permanent home that promotes the child's well-being.

The permanency plan is determined for the child no later than the removal hearing.

The initial permanency plan is reunification **unless** DSS obtains a court order that relieves the agency of:

- a. making reasonable efforts to maintain the child in the home; or
- b. making reasonable efforts to reunify the child and family.

The plan is changed/updated as circumstances change.

Once an agency decision has been agreed upon in team decision making meetings or case staffings, each DSS member of the team must support the decision and work towards the implementation of the agreed upon case plan. This includes family group conferences.

Note: Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child, unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO.

Placements may not be delayed or denied on the basis of RCNO of the child or the provider and providers may not be denied the opportunity to provide care on the basis of the RCNO of the provider or the child.

The **options for permanent plans** in order of priority are:

- 1. reunification** with parent
- 2. adoption** by a relative, foster parent, or other individual.
- 3. guardianship or custody** in a permanent self-sustaining placement with a relative or non-relative. Guardian or custody includes the transfer of specified rights from the parent, to the individual given guardianship or custody.
- 4. placement with a relative** who is a licensed foster parent and committed to caring for the child on a long-term basis.
- 5. another planned permanent living** arrangement which a specified adult who is committed to providing a long time nurturing relationship (into the child's adulthood).

In order to expedite implementation of the permanent plan, a primary plan is selected for each child entering foster care and a concurrent plan is selected as appropriate for the child's circumstances.

See the following sections:

825 Permanency Planning

825.01 Decision to Return a Child Home

826 Permanent Plan Foster Child: Adoption

830 Permanent Plan: Placement with Custody and/or Guardianship

831 Another Planned Permanent Living Arrangement.

25. Case Review

Case review is completed throughout the child's placement in foster care as follows:

- Ongoing Case Review: monthly basis. See Section 819.01.03 Ongoing Case Review, Item 1
- Case Evaluation: 6 month minimum basis when there are changes in the child's circumstance. See Section 819.01.03 Ongoing Case Review, Item 2 regarding implementation of the case evaluation process.
- Permanency Planning Hearings: minimum every 12 months. See Section 819.01.03, and Section 843 Permanency Planning Hearing.

- Foster Care Review Board (FCRB): every 6 months.

Each of South Carolina's sixteen judicial circuits has at least one **local review board**. Each local review board is made up of five volunteers from the community who are appointed by the Governor. A professional staff person from the Division of Foster Care Review coordinates the monthly review meetings of each local board. The purpose of the FCRB is to ensure each child is given a third party review of the circumstances which caused their removal from their biological homes and to ensure steps toward progress for permanency and safety for these child are being met. The foster care worker prepares documentation and presents the review, but is not a voting member as to the FCRB recommendations for the child's plan.

The Foster Care Review Board is a case review system which meets the requirements of sections 475(5) and 475(6) of the Social Security Act and assures that:

- a. a review of each child's status is made no less frequently than once every six months either by a court or by an administrative review to:
 - i. determine the safety of the child, the continuing need for and appropriateness of the placement
 - ii. determine the extent of compliance with the case plan;
 - iii. determine the extent of progress made toward alleviating or mitigating the causes necessitating the placement; and
 - iv. project a likely date by which the child may be returned and safely maintained at home or placed for adoption or legal guardianship; and
- b. if an administrative review is conducted, the following requirements will be met:
 - i. the review will be open to the participation of the parents of the child; and
 - ii. the review will be conducted by a panel of appropriate persons, at least one of whom is not responsible for the case management of, or delivery of services to either the child or the parents who are the subject of the review.

26. Preparation for the Probable Cause Hearing

An emergency removal occurs when the child is removed by law enforcement taking emergency protective custody by the court issuing an ex parte order.

The probable cause hearing is held within 3 working days of an emergency removal for the court to determine if there was cause for an emergency removal.

In preparation for the probable cause hearing, the worker uses joint decision making to determine (based on family conditions or identified supports) whether there is a way an in-home reunification plan can be put in place to control the safety threats identified and recommendation can be made to the court that the child be returned home, be placed with a non-custodial parent, or placed on an emergency basis with a relative at the Probable Cause / 72 hour hearing. Refer to Section 830.01 Emergency Study of Unlicensed Relative or Other Placements and to Section 820.01 Implementing the Treatment Plan regarding assessing the non-custodial parent.

Participants in joint decision making include, but are not limited to, the parents, family, the supervisor, agency attorney, and GAL, (if the GAL has been appointed), CPS assessment/investigative worker, and, if appropriate, the relative being considered for placement.

Once an agency decision has been agreed upon i.e. a team decision meeting, each agency staff member of the team must support the decision and work towards the implementation of the decision reached at the team meeting and the overall case plan. This includes family group conferencing.

27. Next Steps:

See the following sections for other required actions regarding the entry into foster care:

810.01 Entry Into Foster Care

810.01.01 Family Engagement and Assessment

810.01.02 Development of Case Plan

810.01.03 Parents' Plan

810.01.04 Child's Plan

810.01.05 Initial Case Plan Follow Up

810.01.06 Diligent Search

**Note: In these procedures generally the Foster Care worker has responsibility for the activities, the actual staff who completes these activities*

may vary based on which worker (e.g. child protective service or foster care) has case responsibility at the time the activity is to be done. In addition, the county may designate other staff to complete some activities, when the designated staff have the skills and the credentials to assume that responsibility.

Note: For procedures for working with a family or caregiver with a communication limitation (i.e., limited English proficiency/Sensory Impairment (LEP/SI)) refer to the DSS Policy and Procedures Services to Persons with Limited English Proficiency or Sensory Impairment disseminated in Directive Memo D02-39, 9/23/2002.

Overview of Statutes and Regulations

PRIMARY FEDERAL STATUTES

Social Security Act Title IV-B and IV-E, Section 475: The Social Security Act includes requirements for reasonable efforts to prevent removal; content and review of case plan; placement setting requirements and permanency planning; content of case plan and time frame of 60 days from entry to develop the initial case plan.

Social Security Act Title IV-D: Social Security Act also includes requirements related to child support enforcement for parents of children in foster care.

PL 95-608 The Indian Child Welfare Act (1978) is federal legislation that requires American Indian organizations and tribes be notified if a child who is a member of a federally recognized tribe or eligible for membership in such tribe enters foster care. Reference to Section 811, the Indian Child Welfare Act (ICWA).

Multiethnic Placement Act (MEPA) of 1994 includes requirements that race, color, or national origin are not considered in the placement selection process.

P.L. 109-288: Child and Family Services Improvement Act: court to consult with foster children regarding permanency; and when applicable, transitioning out of care; majority of monthly with the child must be in the placement setting

PL 015-89 The Adoption and Safe Families Act (1997) amended the Social Security Act to require states to expedite placement of children from foster care to permanent homes. It established safety, permanency, well-being as the national goals for children in foster care.

PL 110-351 Fostering Connections to Success and Increasing Adoptions (2008) amended the Social Security to add the requirement to notify adult

relatives within 30 days of the child's entry into foster care; added case plan requirement of reasonable efforts to place siblings together and to maintain contacts among siblings; added case plan to include a plan for education stability; linked school attendance to IV-E eligibility.

PRIMARY STATE STATUTES

SC Statute 63-7-620 through 63-7-760 Emergency Protective Custody; court hearings and orders; 24 hour extension, meeting with parents, extended family and others regarding problems and placement.

SC Statute 63-7-1630 Hearing notices required for foster parents.

SC Statute 63-7-1640 Reasonable efforts, family preservation; requirements and basis for termination.

SC Statute 63-7-1680 Court Approved Placement Plan on Removal

SC Statute 63-7-1700 Permanency Planning and Court Review

SC Statute 63-7-2310 Printed card for children with 24-hour contact information; monthly face to face to contacts with foster child; protecting and nurturing children in foster care.

SC Statute 63-7-2370 Disclosure of Information to Foster Parents

SC Statute 63-7-2360 Requirements for placement of foster child who is an adjudicated sex offender

SC Statute 63-7-500 Child appointed a Guardian Ad Litem

Referenced Documents

Revision Comments

Format revised. Added language re diligent efforts that must be made to conduct monthly face-to-face contact with the birth parent or guardian from whom the child was removed. Relative placement details added. Foster Care Review Board information added.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care
Revision Number: 09-08

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810.01 Entry Into Foster Care

This section includes requirement associated with entry into foster care.

There are multiple time frames specified in this section include those that are federally mandated.

Agency actions necessary to implement those requirements are integrated into the casework processes.

For next steps in ongoing services / supervision, see Item 18 in this section.

Primary Legal Basis: Federal and State:

See Primary Legal Basis in Section 810 Entry Into Foster Care.

1. Search for and Location of Absent Parents

A search is initiated for absent and/or non-custodial parents to locate the parent for consideration as a placement resource.

Staff makes a referral to the parent locator services at Child Support Enforcement (CSE) using DSS-2738. See Diligent Search in Section 810.01.06. The worker may use free Internet to obtain addresses. CSE provides a thorough search that can be documented as a part of diligent search activities.

1 a. Results of Search for Parents

The results of inquiries and search efforts for any absent parent are documented. Information is shared with CSE if does not already have this information.

See Section 810, Item 8 regarding Identification and Search for the Non-custodial Parent.

When a non-custodial parent is located:

- The county attorney is notified in order that the parent can be made a party to the court action;
- The worker immediately considers and assesses the non-custodial parent for

placement. The safety of the child with the non-custodial is the critical consideration for reunification with the non-custodial parent.

- Efforts and outcome of search efforts for the parent(s) are documented in the child's plan (DSS 30231).

2. Search/Notification to Relatives:

Concerted efforts are made to identify all adult relatives (maternal and paternal) of the child for consideration as a placement resource or continued involvement with the child unless it is determined notification is a threat to the child's safety.

Within 30 days of child's entry into foster care, staff notifies relatives of child's removal and follows up timely regarding placement and permanency planning when a parent or relative is located.

See Section 810, Entry into Foster Care Item 5 for information regarding maintaining connections to relatives.

Efforts and outcome of search efforts for the parent(s) and relatives are documented in the child's plan (DSS 30231).

See Section 810.01.06 Diligent Search regarding diligent searches for relatives completed by the Division of Child Support Enforcement.

If a relative is interested in adoption see Section 826 or for custody of a child, see Section 830.

If a relative is interested in being licensed as a foster parent, see Section 928 (Chapter 9, Foster Care Licensing).

See also Section 830.01, Emergency Study of Unlicensed Relatives.

3. Notification to the Tribe

If the child is a member or eligible for membership in a recognized tribe, the tribe must be notified immediately by telephone with follow up in writing. See Section 811, Indian Child Welfare Act and Section 810 Entry Into Foster Care Item 15 e.

The local agency attorney also is notified when a tribe is notified.

4 Notification to FI and SNAP:

Staff notifies Family Independence and Supplemental Nutrition Assistance

Program (SNAP) staff of the removal of the child from the benefit group, if necessary.

5. Child Support Referral

The completed child support referral (DSS-2738) is submitted directly to Office of Child Support Enforcement, PO Box 1469, Columbia South Carolina 29202.

A copy of the DSS-2738 is also required to be attached to the Medicaid application as documentation of making the child support referral.

6. Medicaid Application

The Medicaid Application from the Department of Health and Human Services (DHHS) is completed.

The caseworker is the agency's authorized representative to sign the application

According to Medicaid eligibility requirements:

- The Medicaid application must be completed even if the child is already enrolled in Medicaid upon entry into foster care.
- The mother or father must also be asked to sign the completed Medicaid application to document the parents have been apprised of DHHS's right to third party insurance payments for medical expenses for the child. For additional information regarding this requirement, the worker confers with the Medicaid eligibility worker.

The initial family meeting is an appropriate setting to obtain the above needed signature of the mother or father and information regarding health insurance coverage. See Section 818.025 Initial Family Meetings.

If the needed signature of the parent can not be obtained because the parent refuses to sign or the parent's whereabouts is unknown, the caseworker shares that information with the Medicaid eligibility worker and documents in the child's file the efforts to obtain either parent's signature. For additional information, the caseworker confers with the Medicaid eligibility worker.

Documents needed for the Medicaid application include:

- A copy of the completed Child Support Referral (DSS 2738); and
- The documentation to verify the child's citizenship and identity. The caseworker confers with the Medicaid eligibility specialist regarding acceptable documentation of citizenship and identity.

The designated DSS worker must provide the documentation to DHHS Medicaid eligibility staff within 30 days of the application in order for the child to be eligible for Medicaid.

- **If the child has health insurance coverage**, a copy of the child's identification card or information to include but not limited to, the name of the insurance company and the child's identification number is included with the Medicaid application. A copy is filed in the child's record..
- The completed Medicaid application is forwarded to the Medicaid eligibility worker.

7. IV-E Funding Application

Staff initiates IV-E application process to determine the funding source for reimbursement (IV-E or Regular) immediately upon receipt of the signed order that **places the child in DSS custody** or immediately upon signing of a Voluntary Placement Agreement. See Section **813**, Referral Process for Funding).

The IV-E eligibility screens in CAPSS are completed per CAPSS User Guide.

8. FLEX Funds

FLEX funds **may be** used to provide emergency assistance to the child's family if appropriate.

The requirements for the use of FLEX funds by CPS, Foster Care and Adoption staff are located in agency Human Services Manual Chapter **7, Section 761**. See the **CAPSS User's Guide** for instructions of FLEX fund authorization in CAPSS.

9. Change of School and Educational Stability

If the child cannot remain in the same school the child attended at the time of removal or at a subsequent placement change, staff immediately shares necessity for school change with the foster child and arranges for the child's school enrollment and the school records to be transferred to the appropriate school for the child's current placement.

See Section 810, Entry Into Foster Care, Item 11 regarding the development of an educational stability plan if child when a child has to change schools.

The worker requests copies of report cards, test results of standardized tests (SCRA, PACT, HSAP, etc.) or other documentation of the student's performance.

The worker reviews educational information, talks with teachers or guidance counselors (if necessary) to help identify areas needing additional assistance.

The worker documents educational needs and ensures that the needs, including efforts to maintain educational stability, are included in the child's assessment/plan (DSS-30231). See Section [819.01.02 Well Being](#), Item 1a.

10. Child and Parent Other Visitation and Other Contacts

At least one visit with the child and child's caseworker is held during the first week of placement.

At least one visit between the child and parents, siblings or other significant adults is arranged during the first week of placement, unless contrary to the welfare of the child.

Frequency of visitation prior to the removal hearing takes into account the age and needs of the child, and the child's loss and grief. See Section [819.02, Ongoing Contacts with Child, Parents and Providers](#).

In cases of serious injury and/or sexual abuse, the foster care worker must have written concurrence ([on the staffing form DSS-3062](#)) from his/her supervisor prior to arranging any visitation with the parent(s) or other relatives.

The court must sanction denial of parent-child visitation. Visitation can only be suspended if the parents agree or DSS gets a court order. If the parent agrees to forego visitation, the CAPSS case dictation must clearly document the agreement.

If a parent is incarcerated, DSS facilitates visits. See Section [820.02 Working With the Incarcerated Parent](#).

See the following sections:

[820.01 Implementation of the Treatment Plan](#)

[819.02 Ongoing Contact with Child, Parent, and Providers](#)

11. Life Book

Staff gather information, pictures, etc, and begins the Life Book in the event the child remains in care subsequent to the removal hearing.

12. Education and Health Passport

Staff gathers and documents health, education and adult/community information for completion of the Education and Health Passport (DSS 30245) in the event the child remains in care subsequent to the removal hearing.

13. Income, Assets, and Health Care Coverage

The worker obtains information regarding the child's income, assets, and health insurance coverage.

If the child receives SSI funds, Social Security benefits or other funds, The worker follows the procedures in Section 810.02, Intake Funding Notes.

See Section 810 Entry into Foster Care, Item 20 regarding redirection of income.

See Item 6 in this section above regarding completion of the application for Medicaid.

If child has health insurance coverage, the worker obtains a copy of the child's identification card or information to include but not limited to the name of the insurance company and the child's identification number. This information is forwarded to the DHHS Medicaid eligibility worker and a copy placed in the child's paper case file with other medical documents.

14. Child Developmental History

The worker obtains the child's developmental history using the DSS-1576, Child Development History and identifies delays for follow up.

It is critical to gather this information as parents and others who have information may be more accessible at the time of child's entry. The child's caregiver, including the parent, will also need this information when the child leaves foster care.

15. Documentation in CAPSS

Staff documents information regarding the child in the CAPSS database, including but not limited to child demographic information, family composition, relationships, income, SSN, legal and placement data, medical and developmental in appropriate tabs in CAPSS, family assessment and case

plan (DSS 30231), permanency plan, and if applicable, the concurrent plan.

Information is entered in the CAPSS database for appropriate payment to the provider. In addition, the IV-E checklists in CAPSS are completed and FLEX fund eligibility documented, if FLEX funds are being used. See Section 761 in the CPS Manual, Chapter 7.

16. IFCCS Therapeutic Placement

If the child appears to need or enters a therapeutic placement, the county foster care and IFCCS coordinate an emergency staffing and any other necessary actions for the child. Specific funding requirements must be met.

See Section 815 Placement of child with Special Needs

17. Reunification and Maintaining Connections with Siblings

If siblings have been separated, the worker reviews the status of the plan for reunification and sibling contact. See also Section 810 Entry into Foster Care, Item 12 and 13 for requirements.

18. Next Steps

The next steps in the case work process are contained in the following sections:

810.01.01 Family Engagement and Assessment

810.01.02 Development of Case Plan

810.01.03 Parents' Plan

810.01.04 Child's Plan

810.01.05 Initial Case Plan Follow Up

See also the following sections for other required actions when the child enters foster care:

810 Entry Into Foster Care

810.01.06 Diligent Search

Referenced Documents

HS Section 810

HS Section 811

HS Section 830

Policy and Procedures Services for Persons with Limited English Proficiency (D 02-39)

HS Section 819.01.02

HS Section 818.01
HS Section 810.01.06
HS Section 826
HS Section 830.01
HS Section 761
HS Section 849
HS Section 813
HS 30231 and Practice and Instruction Guide
DSS 30245
DSS 1576
DSS 2738
HS 928
HS 818.025
HS 819.02
DSS 3062
HS 820.02
HS 820.01
HS 819.02
HS 810.02
HS 815
HS 810.01.01
HS 810.01.03
HS 810.01.04
HS 810.01.05

Revision Comments

This section was revised to focus on actions specifically related to required case work processes immediately after the child enters foster care. The original section was divided into subsections and reformatted to make specific information easier to locate. Some information added to this section was already in other sections. New federal requirements and additional information regarding the agency assessment and planning processes were added. State statute references were revised for consistency with the new coding. The introduction was revised to add the primary federal and state statutory basis for actions and requirements.

New actions added are search for and notification of relatives with 30 days of child's entry; notification to tribes; updates to the Medicaid application process, clarification of the referral to CSE, and educational stability

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810.015 Concurrent Permanency Planning

This section outlines procedures to be followed in developing a concurrent permanent plan for foster children. For every foster child, a concurrent permanency plan of care should be developed.

[Within 60 days of the child entering care](#), considers permanent plan options other than returning child home if progress is not being made according to objectives addressed in the plan. *Note: See Section 825.

Foster Care/MTS worker

1. [Within 60 days of the child entering care](#), develops with the parents, child, other relevant family members, (and if possible the Guardian Ad Litem) and other treatment team members to discuss the child's permanent and alternative or concurrent plan.

2. A permanent plan of reunification is unlikely if the family has had one or more of the following risk criteria including:

- a. Parent has killed or seriously harmed another child through abuse or neglect and no significant change has occurred since; or
- b. Child has experienced extreme physical or sexual abuse by the parent(s) [or parents have allowed someone else to abuse the child] and must be removed from the home; or
- c. Parental rights to another child have been involuntarily terminated following a period of service delivery to the parents and no significant change has occurred since; or
- d. Child or sibling have been in out-of-home care on at least one other occasion for a period of 6 months or more or have had two prior placements with CPS interaction; or
- e. Parents have been diagnosed with severe mental illness and have not responded to previously delivered mental health services. Symptoms continue which prevent parent from being able to protect and nurture; or
- f. There have been [multiple CPS interventions](#) and there is chronic pattern of abuse or severe neglect; or
- g. Parents have a history of substance abuse or are chemically dependent and/or have a history of treatment failures; or

- h. Child had been abandoned with friend, relatives, foster care or hospital, or, after being placed in care, parents do not visit on their own accord. Parents disappear or appear rarely; or
- i. Parents are intellectually impaired, or have shown significant deficits in caring for child, and have no support system of relatives to share parenting; or
- j. There is a pattern of documented domestic violence between the caretakers and they refuse to separate; or
- k. Parent is under the age of 16 with no parenting support systems, and placement of the child and parent together has failed due to the parent's behavior; or
- l. Parent has asked to relinquish the child on more than one occasion following initial intervention.

3. Consider the following issues prior to developing the concurrent plan:

- a. Assess the core problems that brought the child into foster care;
- b. Determine the family's motivations and interests;
- c. Identify resources, and strengths;
- d. Explore underlying history of problems and family needs;
- e. Consider the child in context of family, culture and community;
- f. Obtain the parent's perception of the problems and recommendations;
- g. Include information of family's environment, physical health and psychological factors;
- h. Explore social networks- friends, family, buddies, acquaintances;
- i. Explore relatives and resources for support, placement and possible permanency.

4. Explains the following with the parents:

- a. The purpose of the concurrent plan is to ensure timely permanency for the child in the event the primary plan is not working or not feasible.
- b. [Within 60 days of the child entering care](#), if the primary plan is not working, the agency will pursue the alternative or concurrent plan for the foster child;
- c. No later than 12 months of the child entering foster care, if grounds exist, the agency

will pursue termination of parental rights (if in the best interests of the child). *Note: Refer to Section 818.01.

*Note: A TPR can be conducted sooner if grounds exist and TPR/adoption is the plan for the child.

5. Complete the concurrent permanent plan (for the child) in the [Child and Family Assessment Service Plan \(DSS Form 30231\)](#). Ensure that the objectives are specific, concrete and measurable. Parents must be involved in the planning process to ensure they understand that the agency's primary goal is family reunification whenever possible.

6. If circumstances dictate:

a. Consults with supervisor to assess the alternate plan. Follows-up as necessary if court approval is recommended for the revised permanent plan.

b Staffs case with all concerned parties of the case including: GAL, foster parent, parents, adoptions and other relevant parties. *Note: See Section 826 if adoption is the plan.

c. Updates child's placement plan to reflect a change in the permanent plan.

d. Notifies the parents of any change in the permanent plan.

Referenced Documents

Section 818 01

Section 825

Section 826

DSS Form 30231

Revision Comments

Item 5, Forms 30131-133 have been replaced by the Child and Family Assessment Service Plan. 8/05

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810.01.01 Family Engagement and Assessment

This section focuses on engaging parents in the case work process and completing the initial family assessment.

Federal and state requirements and agency actions necessary to implement those requirements are integrated into the casework processes.

This section is a continuation of the actions to be completed in the following sections:

810 Basic Requirements during Foster Placement

810.01 Entry Into Foster Care

See also the following sections regarding assessment and planning:

810.01.02 Development of Case Plan

810.01.03 Parents' Plan

810.01.04 Child's Plan

810.01.05 Initial Case Plan Follow Up

There are multiple time frames specified in this section including those that are state and federally mandated.

Primary Legal Basis: Federal and State:

See Legal Basis in Section 810, Entry Into Foster Care.

1. Purpose of Comprehensive Assessment

The purpose of the comprehensive family assessment is to gather information to help the worker and parent(s) understand the underlying problems/issue for the parent(s) that caused the child to be unsafe and to gather information on the impact of safety threats and parental behavior for the child. Intervention (actions/ services) can then be implemented that are aimed at addressing the underlying problems and which are more likely to result in lasting changes in behavior.

2. Family Engagement

Staff facilitates family engagement and obtains input at family meetings (i.e.

Team Decision in the completion of the comprehensive functional family assessment (DSS 30231).

The worker participates in family meetings, conferences and other contacts with the parents and family to **discuss the following information:**

- Family and agency views regarding problems that led to intervention;
- Safety threats to be successfully addressed for the child to be returned to the home.
- Family and agency views of the protective capacities to be demonstrated in order for the child to be returned;
- Primary and concurrent plan for the child; (See Section 818.01 if there are grounds to forego reunification).
- Additional medical, developmental, behavioral information regarding the child not previously obtained or shared.

See the agency's Child and Family Assessment and Service Plan Instructions and Guide. (DSS 30231 CFASP – Instruction and Practice Guide).

2 a. Family Meetings/Conferences:

Family meetings provide opportunities for the parents and the child(ren) to be engaged in case planning process and for identifying and including individuals who will support/assist the parents in changing the behaviors that resulted in the child being placed in to foster care.

The parents participate unless their participation is contra-indicated by case circumstances (court orders including restraint orders, recommendation of parent's therapist). If the parent can not participate (i.e. incarceration, lives out of state, etc.), the parent may ask someone to represent him/her the parent in meetings or may submit a letter with the his/hers views.

The child participates in family meetings/conferences according to the child's age and development unless the child's participation is contra-indicated by case circumstances (i.e. recommendation of a therapist, a court order). If the child chooses not to participate, the child's views are presented by an individual (i.e. the Guardian ad Litem for a child in foster care, an individual as requested by the child. The child's views may also be presented in a letter written by the child.

Other participants in family meetings/conferences are those individuals the parent(s) determine are needed to support the family.

For counties offices who have implemented models of family meetings/conferences and decision making, the parents may develop their own proposal for a family plan of the services and actions to address the behaviors that must be changed. The parents' proposal is incorporated into the case plan as long as the non-negotiable issues (i.e. safety threats) are addressed in the parent's plan.

An initial family meeting is conducted within 24 hours or within 3 days of entry into foster care, if possible. The purpose is to gather background health and other information regarding the children and to determine if an in-home safety plan can be put into effect and children can be returned home at the Probable Cause hearing.

Additional information to be gathered includes identification of relatives to be notified of placement of the child and whether or not the child is a member or eligible for membership in a tribe.

A representative for ICWA or the tribe is invited to participate in the family meeting if the parent requests the representative to be present. The information gathered is included in the Health and Education Passport (DSS 30245). Participants in the development of the plan (DSS 30231) sign the endorsement sheet.

Note: Expressed placement preferences from the child or birth parent concerning **RCNO** shall not be considered in foster care placements, except in the case of an individual child who has received an individualized assessment by a licensed professional, and that assessment has found that it is in the child's best interest to be placed into a family of a specific RCNO.

See the following sections for additional information:

810: Entry Into Foster Care: Basis Requirements, Items 14 and 22

818.025, Initial Family Meeting: includes the foster parent.

811 Indian Child Welfare Act

3. Family Story

The worker completes the comprehensive assessment by first gathering information to complete the family story (DSS 30231).

The family's participation in the completion of the family's story helps facilitate the family's engagement in the assessment and case planning process.

The family story includes the **family's understanding** of the issues, the

family's' identification of strengths and needs, background information, and an assessment with the family of the family's motivation to change the behaviors that led to the child(ren) being unsafe.

See the agency's Child and Family Assessment and Service Plan Instructions and Guide (DSS 30231 – Instruction and Practice Guide) regarding the family story.

4. Assessment

The comprehensive family assessment and plan includes information from the CPS safety assessment and any other relevant information.

The assessment is the basis for developing the case plan actions and identifying services intended to address the safety concerns that have been identified.

See the agency's Child and Family Assessment and Service Plan Instructions and Guide (DSS 30231 – Instruction and Practice Guide) regarding using the assessment domains in the Child and Family Assessment and Service Plan (DSS 30231).

5. Next Steps

The next steps in the case work process are contained in the following sections:

[810.01.02](#) Development of Initial Case Plan

[810.01.03](#) Parents' Plan

[810.01.04](#) Child's Plan

[810.01.05](#) Initial Case Plan Follow Up

See also the following sections:

[810](#) Entry into Foster Care

[810.01](#) Initial Assessment and Planning

Referenced Documents

HS 810

HS 810.01

HS 810.01.02

HS 810.01.03

HS 810.01.04

HS 810.01.05

DSS 30231

Instruction and Practice Guide (DSS 30231)

HS 811

HS 818.025

Revision Comments

This subsection contains information previously in Section 810.01 and adds information or consistency with the agency's comprehensive assessment and plan (DSS 30231. Use of family engagement and participation and obtaining the family's story and information regarding family meetings were added. Also included are participants in family meetings/conferences.

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810.01.02 Development of the Initial Case Plan

This section focuses on the engagement of the parents and development of the initial case plan.

Federal and state requirements and agency actions necessary to implement those requirements are integrated into the case work processes.

This section is a continuation of the case work process in the following sections:

810 Basic Requirements During Foster Care Placement

810.01. Entry Into Foster Care

810.01.01 Family Engagement and Assessment

For the next steps, see Item 8 in this section.

Primary Legal Basis: Federal and State:

See Section 810 Primary Legal Basis for the listing of the primary legal basis for actions in this section.

1. Time Frame: Prior to the removal hearing or no later than 60 days from the child's removal if the removal hearing is delayed, the case plan is completed with the parents and, if age and developmentally appropriate, the child.

Federal requirements include that the child's plan must be developed within 60 days of the child's entry into foster care. Even though there may be a delay in the hearing, the assessment and case plan are completed with the information available

2. Engagement and Participation

The agency encourages and provides opportunities for parents to participate in the completion of the family story and assessment and development of the plan.

If the parents, i.e., on the advice of their attorney do not participate, the family assessment and story are completed with the information available.

The family assessment can be updated as more information becomes

available.

The efforts to involve the parents and the parents' response must be documented.

The interventions/services to be provided are based on the available information.

There is full disclosure to the parents of the behavioral changes needed for reunification of the child and the time frame for achieving the changes.

The agency standard is to achieve reunification within 12 months of the child's entry into foster care.

See the following sections regarding family engagement, meetings, and conferencing:

810 Item 22 When A Child Enters Foster Care,

810.01.01 Family Engagement and Assessment

810.01.03 Parent's Plan

810.01.04 Child's Plan

3. Basis of Plan

The safety threat(s) identified in the safety assessment is/are put into behavioral language in the case plan in order for the parent and service provider to know what behaviors and conditions must change in order for the children to be safe.

The information gathered in the comprehensive assessment is used to determine the intervention (actions/services) to address the underlying issues that caused the child to be unsafe.

The intervention can be changed/adjusted if the behavior is not changed.

4. Joint Decision Making for Permanency Planning

The **plan** (DSS 30231) is developed with the parents, child (unless contra-indicated by individual case circumstances to forego reasonable efforts), the direct supervisor, if possible the Guardian Ad Litem, and others as the parents requests (i.e. in a family meeting).

As a part of **joint decision making**, staff determines:

- if based on family conditions, or identified supports whether an in-home reunification plan can be put in place to control the safety threats identified and the recommendation be made to the court that the **child be**

returned home at the removal hearing; and additional conditions/issues that must be addressed in order for DSS to close the case:

OR

- if a continued out of home placement will be recommended at the removal.

Once an **agency decision** has been agreed upon, every member of the team must support the decision and work towards the implementation of the case plan.

If the recommendation from the team decision making meetings is for continued placement in foster care, the permanent plan is determined and included as a part of completing the family comprehensive assessment and case plan (DSS 30231).

If early reunification is likely, it may not be necessary to designate a concurrent plan at the removal hearing. See Section 810.015 regarding concurrent planning and conducting a staffing within 60 days of the child's entry into foster care.

If early reunification is not likely, a concurrent plan is recommended at the removal hearing. See Section 810.015 Concurrent Planning. The worker immediately facilitates and coordinates implementation of the concurrent plan to promote timely permanency, i.e. involvement of adoptions to complete an assessment; pursuit of relative placement, etc.

Based on information gathered regarding the family history if it is determined that actions by the parent meet the statutory grounds to forego reasonable efforts, the worker confers with the direct supervisor, Guardian Ad Litem, and county attorney to make a joint decision regarding proceeding with TPR, foregoing reasonable efforts for reunification, and establishing a permanent plan other than reunification.

The attorney must be involved regarding amending the petition to include termination of parental rights at the removal hearing. See Section 818.01 Assessing Whether to End or Forego Reasonable Efforts.

If the joint decision is to forego providing reasonable efforts, a treatment plan is not completed with the parents unless the court determines that reasonable efforts for reunification must be provided by the agency.

5. Child Re-entering Foster Care

If the child is re-entering foster care, has siblings already in foster care and/or has siblings for whom parental rights have been terminated, the worker must confer with the direct supervisor and county attorney regarding expediting permanency, implementing a concurrent plan, and /or foregoing reasonable efforts for reunification. Placement with siblings already in foster care is considered. If siblings are not placed together, the case file must include a plan for visitation and reunification or clearly document why a joint placement is contrary to the needs of any of the siblings. See Section 810 Item 12 and 13 regarding placement of siblings.

A child being in foster care **for 15 of the most recent 22 months** is a ground for termination of parental rights. If this ground may soon be applicable, the worker confers with the county attorney, to evaluate if pursuing TPR is appropriate. Note: federal legislation requires a court ruling of **compelling reasons that TPR is not in the child's best interest** if TPR is not being pursued when the child has been in foster care 15 of the most recent 22 months. (See Section 825, Permanency Planning and Section 843.01 regarding the supplemental report for a permanency planning hearing.)

6. Child Support

Staff determines the amount of child support to recommend to the court according to the child support guidelines. See federal child support guidelines on the DSS web page.

See Section 810.01 Entry Into Foster Care regarding DSS responsibilities when the child remains in care at the Probable Cause Hearing.

7. Explanations to Parents

During contacts with the parents at family meetings, team decision meetings, etc. it is explained to parents:

- That after the plan is developed, the parent may discuss objections with the case worker. The parents are advised that the removal hearing is when the parent must raise any objections about the plan; and that **if the objection is not raised at the hearing, then the plan can not be changed.**
- That failure to support, visit and/ or substantially accomplish the objectives in the case plan within the time frames provided by the court may result in **termination of parental rights**, subject to notice and a hearing.

The established time lines for timely permanency are reunification with 12 months of entry or a finalized adoption within 24 months of entry.

There is full disclosure to the parents of the behavioral changes needed for reunification of the child and the time frame for achieving the changes.

At the removal hearing the court will address the amount of support and redirecting support currently ordered.

If the parent(s) is/are represented by an attorney, they may request their attorney to be present at [family and agency](#) meetings [regarding developing the plan](#). Parents may also invite others.

Expressed placement preferences from the child or birth parent concerning (RCNO) shall not be considered in foster care placements, except in the case of an individual child who has received a special needs an individualize assessment by a licensed professional, and that assessment has found that it is in the child's best interest to be placed into a family of a specific RCNO.

8. The next steps in the casework process are contained in the following sections:

[810.01.03 Parents' Plan](#)

[810.01.04 Child's Plan](#)

[810.01.05 Initial Case Plan Follow Up](#)

Referenced Documents

HS 810

HS 810.01

HS 810.01.01

HS 801.01.03

HS 810.01.04

HS 819.01.05

DSS 30231

HS 843.01

HS 825

HS 818.01

HS 818.015

Revision Comments

This sub-section contains information previously in Section 810.01 and adds information for consistency with the

agency's comprehensive assessment and plan (DSS 30231). Information was added regarding use of family engagement and participation of the parents and others in the development of the case plan, the basis of the case plan, joint decision making regarding permanency planning, and permanency planning for the child re-entering foster care. Some information also previously included in other sections was added to this section for clarity and consistency.

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810.01.03 Parent's Plan (known as Placement Plan in SC Statute 63-7-1680)

This section focuses on the development and content of the Parent's case plan, also known in SC Statute 63-7-1680 as the Placement Plan. An outline for the plan that is to be submitted to the court is included in this section.

Federal and state requirements and agency actions necessary to implement those requirements are integrated into the case work processes in this section.

This section is a continuation of the following sections:

810 Basic Requirements During Foster Placement

810.01 Entry Into Foster Care

810.01.01 Family Engagement and Assessment

810.01.02 Development of the Initial Case Plan

Primary Legal Basis:

SC Statute 63-7-1680 Approval or Amendment of Plan

1. The Placement Plan (Parent's or Guardian's Plan)

If the court orders that a child be removed from the custody of the parent or guardian, the court must approve a Placement Plan, also called the Parent's Plan. SC Statute 63-7-1680 which governs the placement plan for children in foster care, requires that certain information be included in the plan.

This plan is a written document and is the “blueprint” that informs all those involved exactly what must happen for the parent or guardian to regain custody of the child. The plan must be presented to the court for approval at the removal hearing or within ten days after the removal hearing.

When approved by the court, the plan becomes part of the court order. This plan is sometimes referred to as the “court-ordered treatment plan.” Because the plan is part of the court order, failure to abide by its terms can subject either or both parties to court action.

2. Development of the Plan

Whenever possible, the plan must be prepared with participation of the parents

or guardian of the child, the child (if developmentally and age appropriate), and any other individual or agency that will be required to provide services in order to implement the plan. Other individuals, including family members, may be included.

The placement plan for the court must specify the changes in the home or family situation that must occur (the non-negotiable items) before the child can be returned. These changes must be reasonably related to the reasons for removal. A plan developed during Family Group Conferencing and the CFASP must include these non-negotiable items and may also include services and actions for the benefit of the child and family that are not conditions to be met before return of the child to the home. Staff must assure that the changes in the home or family situation that must occur before the child can be returned as stated in the placement plan (and the actions related to those changes), and that the items considered “non-negotiable” in the Family Group Conferencing Plan and the CFASP are consistent.

[According to agency protocol, the supervisor must review the case to ensure that the selected permanency plan is appropriate prior to submission of the plan to court.](#)

The non-negotiable items (those that need to be court ordered) are presented to the court using DSS 30252, Removal Hearing Placement Plan Outline.

The parent(s) must be informed that the non-negotiable issues will be presented to the court in the Placement Plan and will become part of their court-ordered treatment plan. Workers must ensure that the non-negotiable issues, actions, and services in the plan that is presented to court are the same as those in the plan agreed to by the parent or guardian.

3. If the Parent Does Not Participate In Development of the Plan

If the parent or guardian chooses not to participate or is unable to participate in the development of the plan, the worker, supervisor and any other involved parties jointly develop a proposed plan for submission to the court.

Staff must be prepared to advise the court whether the parents or guardians participated in development of the plan and if not, why not. Based on this information, the court will determine whether DSS made reasonable efforts to secure their participation.

4. Placement Plan NOT Required

If there are grounds to forego reasonable efforts for reunification with the parents, no placement plan is prepared. The worker consults with the local attorney regarding the decision to proceed with termination of parental rights. See Section 818.01, Assessing Whether to End Reasonable Efforts for Reunification and Proceed to Termination of Parental Rights.

5. Provide Copies of the Placement Plan

A copy of the plan is provided to:

a. the parents or guardian of the child

b. the child if the court considers it appropriate

If a copy of the plan is not given to the child, the department shall provide the child with age-appropriate information concerning the substance of the plan unless the court finds that disclosure of any part of the plan to the child would be inconsistent with the child's best interests.

c. any other parties identified by the court

d. the foster parents are provided a copy of any part of the plan that directly pertains to the foster family or the foster child.

6. Amending the Placement Plan

The plan may be amended at any time if all parties agree to the revisions, and the revisions are approved by the court. The amended plan must be submitted to the court with a written explanation for the proposed change. The plan also may be amended by the court upon motion of a party after a hearing based on evidence demonstrating the need for the amendment.

7. Placement Plan Mandated Requirements

SC Statute 63-7-1680 governs the placement plan for children in foster care and was amended in May 2010, for the purpose of:

(a) simplifying the structure of the plan so that the obligations of the parents are more understandable, and

(b) clarifying that completing tasks, such as attending parenting classes, would not result in return of the child unless the parents also are able to demonstrate changes that mean the child can be safe in the home.

The amendment to the law requires that the plan contain specific information in four separate sections and in specific order, as detailed below.

Section I: The Changes That Must Occur in the Home and

Family Situation

The first part of the parent's plan must address changes that must occur in the home and family situation before the child can be returned. This section of the plan must contain a written warning informing the parents that if they fail to make the changes within 6 months, their parental rights could be terminated.

- This warning does not guarantee parents a minimum of 6 months since DSS can file for TPR when grounds exist.
- This warning does not require DSS to file for TPR at the end of 6 months if grounds do not exist or if TPR is not in the best interests of the child.

Section II: Action Steps and Time Frames

The second part of the plan must specify what actions are to be completed by the parents or guardian of the child and must include a time frame for completion of the required actions. This section must also specify what services DSS will arrange or provide to the parent or guardian. A warning to the parents must be included advising them that it is not enough to complete the action steps, they must accomplish the changes identified in Section I of the plan before the child will be returned.

- The court order approving the plan will also contain a warning to the parent guardian that he/she may have as few as 6 months to accomplish the changes required in the plan and that the court will require proof of actual change, not completion of action steps, and proof that the child will be safe if returned to the parent.

Section III: Rights and Obligations of the Parents or Guardian.

The third part of the plan must list rights and obligations of the parents related to visitation and support. Notice must be given to the parent that failing to support or visit may result in termination of parental rights.

Section IV: Matters Related to Placement of the Child

The fourth part of the plan must contain information related to:

- Nature and location of the placement unless there are compelling reasons for concluding that disclosure of the location of the placement to the parents, guardian, or other person would be contrary to the best interests of the child. When deciding whether compelling reasons exist for withholding placement information, staff should consider and

document whether there is evidence of sexual abuse, physical abuse, substance abuse, or criminal domestic violence in the child's home. Staff must evaluate whether such information, or other compelling reasons, lead to the conclusion that disclosure of the location to the parents, guardian or other person is contrary to the best interests of the child and must document the decision.

- The educational needs of the child including whether the plan is for the child to remain in the school district where he resided before removal.
- Visitation and contacts with siblings, relatives and other persons important to the child.
- Social and other services to be provided to the child and the foster parents.
- Caseworker-child contact that is based on the needs and circumstances of the individual child, but not less than once a month.

8. Removal Hearing Placement Plan Outline

The following outline is available on the Master Forms Index as DSS 30252.

Removal Hearing Placement Plan

Case name and Docket No:

Parents:

Children: Names DOB

Recommendation: ____ **Foster Care**
 ____ **Return Home**
 ____ **Other:**

The parents/guardians have agreed to a Placement Plan with DSS that contains the terms set out below.

OR

The parents/guardians have not agreed to a Placement Plan. DSS took the

following steps to secure participation:

Others who participated in the development of the Placement Plan:

DSS requests that the court issue an order approving and adopting the Placement Plan below.

SECTION I. The changes that must occur in the home and family situation

Notice to Parents or Guardians

If you fail to make the changes described below within six months, all of your rights to your child could be terminated.

A. Description of What _____ Must Change:
(parent/guardian name)

B. Description of What _____ Must Change:
(parent/guardian name)

C. Description of What _____ Must Change:
(parent/guardian name)

SECTION II. Action Steps and Time Frames

A. Action steps to be completed by the parent or guardian:

1. Parent's or Guardian's name:

Action Step:

Time Frame to start and/or complete:

2. Parent's or Guardian's name:

Action Step:

Time Frame to start and/or complete:

3. Parent's or Guardian's name:

Action Step:

Time Frame to start and/or complete:

B. Services DSS will arrange or provide:

1. Parent's or Guardian's name:
Describe the service or referral:
Time frame for referral or service:

2. Parent's or Guardian's name:
Describe the service or referral:
Time frame for referral or service:

3. Parent's or Guardians' Name
Describe the service or referral:
Time frame for referral or service:

NOTICE TO PARENTS OR GUARDIANS

Completing the Action Steps **WILL NOT** result in the return of your child unless you also have accomplished the changes in Section I.

SECTION III. Rights and Obligations of the Parents or Guardian.

A. Support

Parent or guardian _____ shall pay child support in an amount to be established by the Family Court and the case shall be referred to the Child Support Enforcement Division.

OR:

Parent or guardian _____ shall continue to pay child support as previously ordered by the Family Court and the case shall be referred to the Child Support Enforcement Division.

B. Visitation will be provided as follows for the parent or guardians:

NOTICE TO PARENTS OR GUARDIANS

Failure to pay support or to visit as provided in this plan may result in termination of all of your rights in relation to your child.

SECTION IV. Matters Related to Placement of the Child

A. The nature and location of the child's placement is:

OR:

Disclosing the location of the child is contrary to the best interests of the child because:

B. Description of the educational needs of the child. Include whether the plan is for the child to remain in the school district where he/she resided before removal.

C. Description of visitation and contacts with siblings, relatives and other persons important to the child:

D. Description of social and other services to be provided to the child and the foster parents.

E. The caseworker will meet with the child no less frequently than once per month.

OR:

The caseworker will meet with the child on the following schedule:

OR:

The child is placed out-of state. Caseworker visits will be accomplished as follows:

Referenced Documents

SC Statute 63-7-1680

DSS 30252

Revision Comments

Revised to include supervisory case review.

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Effective Date: 12/11/2009

810.01.04 Child's Plan

This section focuses on the development of the case plan with the child..

Federal and state requirements and agency actions necessary to implement those requirements are integrated into the case work processes in this section.

This section is a continuation of the following sections:

810 Basic Requirements During Foster Placement

810.01. Entry Into Foster Care

810.01.01 Family Engagement and Assessment

810.01.02 Development of Initial Case Plan

810.01.03 Parent's Plan

Primary Legal Basis: Federal and State:

See Section 810 Primary Legal Basis of actions in this section.

1. Using Family Engagement and Family Meetings/Conferencing

Family meetings provide opportunities for the parents and the child (ren) to be engaged in case planning process and for identifying and including individuals who will support/assist the parents in changing the behaviors that resulted in the child being placed in to foster care.

The child participates according to the child's age and development unless the child's participation is contra-indicated by case circumstances (i.e. recommendation of a therapist, a court order). If the child chooses not to participate the child's views are presented by an individual (i.e. the Guardian ad Litem for a child in foster care, an individual as requested by the child). The child's views may also be presented in a letter written by the child.

An initial family meeting is conducted within 24 hours or within 3 days of entry into foster care, if possible. The purpose is to gather background health and other information regarding the children and to determine if an in-home safety plan can be put into effect and children can be returned home at the

Probable Cause hearing.

Additional information to be gathered includes identification of relatives to be notified of placement of the child and whether or not the child is a member or eligible for membership in a tribe.

A representative for ICWA or the tribe is invited to participate in the family meeting if the parent requests the representative to be present. The information gathered is included in the Health and Education Passport (DSS 30245).

Note: Expressed placement preferences from the child or birth parent concerning **RCNO** shall not be considered in foster care placements, except in the case of an individual child who has received an individualized assessment by a licensed professional, and that assessment has found that it is in the child's best interest to be placed into a family of a specific RCNO.

See the following sections for additional information:

818.025, Initial Family Meeting: includes the foster parent.

818.05 Education and Health Passport (DSS 30231)

811 Indian Child Welfare Act.

2. Child Plan

The child's individualized plan (DSS 30231) is based on the comprehensive assessment with the parents and child as age/developmentally appropriate to include the following:

- The services to address the education, physical health, mental / behavioral needs, and if applicable criminal behavior, substance use, involvement with law enforcement, etc.
- Actions to determine the child's safety in placement and the appropriateness of the placement of the child.
- Actions to support parent-child visitation (unless contra-indicated by the case circumstances) and actions to maintain the child's family and other meaningful connections,
- Actions to reunite siblings (unless contra-indicated by case circumstances).
- Permanent and concurrent plan and the actions by DSS to address the placement needs of the child.
- See Section 810.01.02 Development of Initial Case Plan regarding foregoing reasonable efforts and early reunification.
- Services to address grief and loss experienced by the child. Services regarding separation and grief may be addressed as mental health issues in the child's plan.
- Services to support the foster home placement.

- Actions or responsibilities for the foster parent may be developed in a separate document, but must be included in information presented to the court if support services are needed.
- Involvement of the parent in developing the child's treatment plan. If the agency has been relieved of providing services to the parent, the parent is invited to participate in the development of the child's plan unless barred by court order. When the parent is participating in the development of the child's plan, the parent's signature is included on the notice and signature page for the child's treatment plan. If the parent declines to participate, the worker documents the parent's refusal to sign the plan in CAPSS dilatation and on the notice and signature page of the case plan (DSS 30231).

Actions or responsibilities are included in the child's case plan (DSS 30231) in the applicable domain(s).

Services to support the placement are primarily for the foster parent rather a provider of group (congregate) care.

3. Next Steps

The next step in the case work process is contained in the following section:

810.1.05 Initial Case Plan Follow Up

Referenced Documents

819
810.01
810.01.01
810.01.02
810.01.03
810.01.05
DSS 30231
HS 811
HS 818.05
HS 818.025

Revision Comments

This subsection contains information previously in section 810.01 and adds information for consistency with the agency's comprehensive assessment and plan (DSS-30231). The child's participation in family meetings/conferencing was added for consistency with other sections.

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810.01.05 Initial Case Plan Follow Up

This section focuses on the follow up after the case plan is developed with the child, [as applicable](#), and parent(s).

Federal and state requirements and agency actions necessary to implement those requirements are integrated into the case work processes in this section.

This section is a continuation of initial case work process in the following sections:

[810 Basic Requirements during Foster Placement](#)

[810.01 Entry Into Foster Care](#)

[810.01.01 Family Engagement and Assessment](#)

[810.01.02 Development of the Initial Case Plan](#)

[810.01.03 Parent's Plan](#)

[810.01.04 Child's Plan](#)

Primary Legal Basis: Federal and State:

See Section [810 Primary Legal Basis](#).

1. Removal Hearing

Staff prepares and participates in the removal hearing. [See Section 810.01.03 for the required contents of the Removal Hearing Parent's Plan \(Placement Plan\) that must be submitted to the court.](#)

[A petition for removal must include a petition for TPR when one of the first 7 grounds for dispensing with reasonable efforts exists, “unless there are compelling reasons for believing that termination of parental rights would be contrary to the best interests of the child.” See 818.01, Assessing Whether To End Reasonable Efforts for Reunification and Proceed to Termination of Parental Rights.](#)

[The worker must analyze each case at the time of removal for early TPR. Any time grounds for TPR exist and it is in the best interest of the child to include TPR at the removal stage, DSS should move forward with a petition for TPR. DSS may petition for TPR when the grounds exist without first asking](#)

permission to terminate or forego reasonable efforts.

The foster care worker participates in the removal hearing along with the CPS assessment/investigation worker as needed regarding the case plan to ensure the plan addresses the safety threats that caused the child to be removed from the home .

2. Case Staffing

The foster care worker participates in a staffing/meeting at the time of case assignment or transfer in order to thoroughly understand what behaviors or safety threats caused the children to be unsafe and resulted in removal from the home.

The safety threats are put into behavioral language in order for the parent, agency, and service provider to know specific behaviors and conditions that must change in order for the children to be safe in the home.

Participants in the staffing include the foster care worker, the CPS assessment worker, the CPS and Foster Care Supervisor and others as determined by the county/regional office.

The timing of the transfer to the foster care / IFCCS worker is determined by local office procedures.

The worker confers with the worker's supervisor, agency attorney and as needed the GAL.

3. After the Removal Hearing or after 35th day in foster care if the Removal Hearing is continued, the following actions are completed:

a. Review of Court Order

Upon receipt of the order, staff reviews court order(s) from the 72-hour (Probable Cause) and/or 35 day (Removal) hearing to ensure the orders contain the necessary findings and language to assure the **IV-E funding** requirements are met.

- The order that initially removes the child from the home must state that continuation in the home is contrary to the child's welfare, safety or best interests.
- Reasonable efforts must be addressed either in the court order that initially removes the child or in a later court order no more

than 60 days from the child entering care.

If this appropriate language is not in the order, the worker notifies the local attorney as soon as possible of the lack of necessary language in the order so that the attorney can take necessary action.

NOTE: If the "contrary to the welfare" ruling does not occur in the initial court order, the child is **ineligible for IV-E** for the duration of the child's stay in DSS custody. If a child enters foster care by an ex parte order, then this is considered the first order. If the court determination of reasonable efforts to prevent removal is not made within 60 days of coming into care, the child is **ineligible for IV-E** for the entire stay in DSS custody.

Staff [sends](#) copies of the orders to IV-E eligibility staff in state office.

b. Parent-Child Visitation

Upon receipt of the court order from the removal hearing, the worker [asks](#) both parents, child, and current child care provider(s) [for input](#) regarding the location, and kinds of activities both the child and parent can participate in to facilitate a quality visit. The visitation plan shall provide for as much contact as is reasonably possible. [Parents are informed that failure to visit as provided in the plan may result in termination of parental rights.](#) (See SC Code of Laws, 63-7-1680).

See Section [819](#) Minimum Ongoing Services and Supervision for standards and additional information regarding visitation.

c. Child Support

When child support [is](#) addressed in the court order, staff sends a copy of the court order attached to a DSS 2738 –Foster Care Support Referral Form, [marked Additional Information to the Child Support Enforcement Office.](#)

[Parents are informed that failure to pay child support may be grounds for termination of parental rights.](#)

d. Referrals for intervention/ services and actions

Staff follows up on the referrals necessary for the intervention services/actions in the court ordered plan.

4. Permanency and Concurrent Planning

A staffing is conducted within 60 days of the child's entry into foster care to assess status of the permanent and concurrent plans to achieve timely permanency.

This staffing includes the foster care/ IFCCS worker, the foster care/IFCCS supervisor and the county attorney as appropriate for the specific case circumstances.

The staffing also includes the adoption supervisor or designee if adoption is the primary or concurrent plan or if adoption is likely to become the plan.

If the decision at the staffing is that the permanent plan is not likely to be achieved timely, the worker **simultaneously** begins coordinating activities related to the concurrent plan. In the event the permanent plan is not achieved timely, the **concurrent** permanent plan can be expedited.

The time frames established **by Federal Law** for timely permanency are reunification with 12 months of entry or a finalized adoption within 24 months of entry.

The actions to be taken and the outcome of the staffing are documented on the Case Staffing Form (DSS 3062) with signatures of participants and in CAPSS dictation.

5. Next Steps

The next steps in the ongoing case work process are contained in the following sections:

- 819 Minimum Ongoing Services and Supervision: Safety and Appropriateness of Placement

- 819.01 Permanency: Living Situation and Stability of Placement

- 819.01.01 Permanency: Continuity of Relationships and Parent-Child Visitation

- 819.01.02 Well Being: Education, Mental and Physical Health, Transition to Adulthood

- 819.01.03 Ongoing Review and Assessment

- 819.01.05 Placement Change

- 820.01 Implementation of the Treatment Plan With the Family

Referenced Documents

Revision Comments

Revisions include that cases must be analyzed for TPR at the time of removal. DSS must include in a petition for removal a petition for TPR when one of the first 7 grounds for dispensing with reasonable efforts exists, unless there are compelling reasons for believing that termination of parental rights would be contrary to the best interest of the child. Parents must be informed that failure to visit or pay child support may result in TPR.

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810.01.06 Child Support Referral Procedure and Diligent Search

This section explains child support referral procedure and diligent search.

Policy Statement

Diligent search is the term used to describe the efforts to locate non-custodial parents or other adult relatives of a foster child. Diligent search expedites permanency by uniting children in Foster Care with their families sooner. If appropriate relatives are not located, termination of parental rights and adoption can be accomplished more timely. It is the goal of the agency to reunite children with their families or to find a permanent placement for a child as soon as possible. Diligent search helps the agency to attain this goal and for children to have a permanent home sooner.

This section outlines the procedures used to make a referral to the Child Support Enforcement Division (CSE or CSED) for children who come into foster care. As well as locating parents for payment of child support, CSE search efforts may enable the agency to locate relatives for possible placement of the child (ren) in Foster Care.

Which children will be affected by this policy?

Any child entering foster care or any child in a child protective services case for whom relatives need to be identified.

Procedures to Accomplish

The following procedures are to be followed by the Foster Care Caseworker, in consultation with the DSS Attorney, when a child is removed and child support is sought, or when the issue of paternity is raised in child abuse and neglect court proceedings.

Foster Care Referral / Diligent Search Referral for a Parent

The referral process is identical for both Foster Care Referrals and Diligent Search Referrals, with the distinction that Diligent Search Referrals should have “**DS**” written or stamped prominently on the first page so that they can be easily identified as such.

1. A child support referral is made by completing the Foster Care - Child Support Referral on the CAPSS Child Support Referral tab if the child remains in care at the Probable Cause Hearing.

2. The following procedures are used for the **parent** search process using the completed child support referral form (DSS 2738).

(a) The letters “**DS**” (Diligent Search) must be **stamped** or **boldly written** with a marker on the top of the DSS 2738. (This is necessary to identify the referral as a request for a priority search for an address only and not as a request to set up an active child support case at this time.)

3. The completed DSS 2738 can be submitted in one of three ways:

(1) Inter-Office **or** regular mail addressed to:

SCDSS-CSED, PO Box 1469

Columbia, SC 29202-1469;

(2) Fax to (803) 898-9262; or

(3) Scan and e-mail within the secure network to stephen.yarborough@dss.sc.gov.

4. **When child support is addressed in the court order**, staff sends a copy of the court order attached to a DSS 2738 marked Additional Information to the Child Support Enforcement Office.

5. **The Foster Care Caseworker or the CPS Caseworker must also use any on-line resources or internet searches that are available and document diligent effort search into CAPSS (for example: the Seneca Search). (Reference 719.02 Safety Planning policy)**

Establishing Paternity and Amount of Child Support Payments

In cases where paternity is questioned in child abuse and neglect proceedings, the case worker contacts the Office of Child Support Enforcement to determine if the child’s case is already on file and if paternity has already been established. If paternity is not yet established, the worker consults with the Office of Child Support Enforcement in obtaining needed

testing.

South Carolina Child Support Guidelines are mandated and must be used in setting all child support payments for children in foster care. Child support staff determines the amount of child support to recommend to the court according to the child support guidelines. The guidelines may be found at the CSED website: <http://www.state.sc.us/dss/csed/>

If the court ordered payments differ from the child support guidelines, the court order must specify the reason for the deviation.

Search for Relatives

The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires the agency to exercise due diligence to identify and notify grandparents and other adult relatives within 30 days of a child coming into care, subject to exceptions due to family or domestic violence (See Section 810 Entry into foster Care). In order to accomplish this 30 day requirement to locate relatives, the following procedures must be followed:

To search for relatives for possible placement:

1. The caseworker completes the DSS 2738 for all **adult relatives** as soon as they are identified to allow sufficient time to locate and notify them within the 30 day time frame.

2. The following procedures are used for the **relative** search process using the completed child support referral form (DSS 2738).

- (a) The letters “**DS**” (**Diligent Search**) are **stamped** or **boldly written** with a marker on the top of the DSS 2738. (This is necessary to identify the referral as a request for a priority search for an address only and not as a request to set up an active child support case at this time.)

A child support referral is not set up for relatives.

- (b). **For relative search only:** In the box (beneath Item # II) with the wording “the following information is on...”, write boldly an “**R**” **for relative** or write “**relative**”; AND complete the remainder of the form with any known information regarding the relative. This information is helpful to identify and locate relatives.

3. The completed DSS 2738 can be submitted in one of three ways:

- (1) Inter-Office **or** regular mail addressed to:
SCDSS-CSED, PO Box 1469
Columbia, SC 29202-1469;
- (2) Fax to (803) 898-9262; or
- (3) Scan and e-mail within the secure network to stephen.yarborough@dss.sc.gov.

4. Upon completion of the search, CSE sends the requesting worker an e-mail and letter verifying the results of the search and notification that the case will be closed in 60 days.

5. The caseworker files hard copies of the letter and e-mail from CSE in the case record for documentation.

6. The caseworker needs to reply back to CSE within 30 days to confirm that the status of the case needs to be changed from locator services only to an active child support enforcement case.

If the parent(s) cannot be located, for TPR purposes, the worker confers with the county attorney regarding use of an affidavit to support the order of publication.

7. The caseworker makes a follow-up referral to Child Support Enforcement every 6 months if the parent has not been located.

8. The caseworker submits an updated DSS 2738 (Section V) to Child Support Enforcement if new information is received.

9. The Foster Care Caseworker or the CPS Caseworker must also use any on-line resources or internet searches that are available and document diligent effort search into CAPSS (for example: the Seneca Search). (Reference 719.02 Safety Planning policy)

Overview of Statutes/Regulations

Social Security Act, Title IV D includes requirements related to child support enforcement for parents of children in foster care.

PL 110-351: Fostering Connections to Success and Increasing Adoptions Act (2008) added the requirement to notify adult relatives within 30 days of the child's entry into foster care.

Referenced Documents

PL 110-351: Fostering Connections to Success and Increasing Adoptions Act (2008)
Social Security Act Title IV D

Revision Comments

Revised format, child support/diligent search details added

South Carolina Department of Social Services
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810.02 Intake - Funding Notes

1. Regular Board Payments

CAPSS is designed to process the board payments for the majority of foster children in regular foster home or group home settings by selecting "Board Pay" as the Payment Type on the Placement Information screen. It is imperative that changes in placement be entered into CAPSS **within three days of the placement event (and no later than the third working day of the month following the entry into foster care)**. "No Board Pay" should be entered as the Payment Type if:

- a. the child is in a therapeutic foster placement or residential placement for which Medicaid or Interagency System of Care for Emotionally Disturbed Children (ISCEDC funds are paying for the placement (these are usually cases managed by MTS but can include special needs placements that MTS has agreed to fund).
- b. the child is in placement for which costs are covered by special state contracts and/or special funding (Reference Provider Directory available from Out of Home Care).
- c. any time the child is in an Alliance Human Services therapeutic home, or
- d. the child is in a medically fragile placement that is not in the Midlands project.

Note: The "Start Date" must be entered for the effective date of "Board Pay" or "No Board Pay".

Missed payments, regular board rate for children in a therapeutic setting (e.g. siblings), reimbursement for advances, and payments for any other special placement situations are requested by completing the "Special Pay Request for Foster Care Clients" form and submitting to State Office Program Development unit.

2. Children's Income

County offices, not providers, should be payee on children's unearned income. Any and all unearned income a foster child receives (except child support) should be deposited in the State Treasurer Account. Deposit the entire monthly income unless it is greater than the board payment costs (regular, difficulty of care, or special needs). The county office no longer retains monthly \$30.00 portions (for

personal needs) from a child's income. (Child Support funds are separate from income and should be directed to OCSE). Children's account resources should not exceed \$2000.00 for SSI and \$10,000 for non-SSI (but still IV-E eligible) unless the resources are in a "true trust account" approved by Social Security and/or Medicaid guidelines.

3. Status Change - Foster Care to Adoption

The county depositing process and distribution of income for foster children who have moved into an adoption subsidy status should be discussed with the Adoption specialist. Adoption staff need to immediately convey to county staff when a child with income has changed status. The Adoption Subsidy Payment process is separate from the Foster Care Payments process although both are in CAPSS. The Placement screen must be updated to reflect when a child moves into an adoptive status and is no longer eligible for foster care board payments, otherwise an overpayment may occur.

Referenced Documents

Revision Comments

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810.03 Respite Care - Funding Notes

Respite care is available to all DSS foster parents who are licensed for regular, difficulty of care, or public therapeutic foster parents of DSS. Facilities such as group homes and private agency therapeutic foster parents are not eligible under this program. Respite is a temporary “break” in care-taking responsibility either as a result of a child experiencing a crisis or as a part of a child’s case plan..

It can only be provided by licensed foster parents and must be for at least one day but must not exceed three (3) days. Each foster parent can receive six (6) days of respite per federal fiscal year, earning respite at the rate of ½ day for each month a family has a child placed with them. Accumulated days will not carry over to the next fiscal year. Respite will be reimbursed at the current board rate. Payment to the ongoing foster parents will not be decreased during the absence. Funds are accessed by submitting a Special Pay Request form to State Office, Policy and Program Development. **Note: See Information Memo dated 12-28-2001.* **For database documentation purposes, respite care placements are coded under “temporary events” in the placement section. Do not put an end date or close the child’s ongoing primary placement.**

**Note: Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the respite care placement selection process for a foster child. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider.*

Referenced Documents

Information Memo 12/28/2001

Revision Comments

Note, language added to be in compliance with MEPA.

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CHAPTER 8, Foster Care
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810.04 Immigration Issues

This section contains information to assist workers in cases involving undocumented immigrants.

A flowchart is included in this section to assist with immigration issues.

DSS Policy and Procedures for Services to Persons with Limited English Proficiency or Sensory Impairment (per Directive Memo D02-39) can be accessed here: [LEP-SI](#)

Policy Statement

Child protective services and foster care services must be provided without regard to a parent's or child's immigration status. However, DSS must determine the legal status of every child who enters agency custody in order to determine the child's eligibility for additional services and/or funding.

The following must be considered to comply with federal regulations:

- a.) Federal funds may not be utilized to reimburse for foster care board payment for undocumented immigrants.
- b.) The undocumented child is not eligible to receive Medicaid.
- c.) Neither race, color, nor national origin (RCNO) of a child or the prospective caregiver may be considered in the placement selection process for the child. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or provider.

If a child who entered this country without proper documentation is in agency custody and the permanent plan has been changed from reunification to termination of parental rights, the agency must petition the court to obtain a Special Immigration Juvenile Status (SIJS) prior to the finalization of an adoption. The child can be placed with a family with a plan of adoption;

however, DSS must ensure that the child remains under the jurisdiction of the court and in DSS custody until receipt of the child's green card.

What Children/Youth and Families are Affected by This Policy

Any child who is not a United States citizen and who is in Agency custody, as well as that child's family, will be affected by this policy.

Definitions

U.S. Citizenship and Immigration Services (USCIS) is the governmental agency that oversees lawful immigration to the United States and is a division of the United States Department of Homeland Security (DHS).

U.S. Immigration and Customs Enforcement (ICE) is the principal investigative arm of the Department of Homeland Security.

A U.S. citizen is a person born in the U.S or who becomes a citizen through the naturalization process. Some children born abroad may also derive citizenship through his or her U.S. citizen parent(s) or grandparent(s). In addition, a child may automatically become a U.S. citizen if he or she is a lawful permanent resident under the age of 18 when one of his or her parents who has legal and physical custody of him/her becomes a U.S. citizen or the child is adopted by a U.S. citizen in compliance with U.S. immigration law.

A foreign national is any child who is not a U.S. citizen regardless of child's immigration status in the United States. Non-citizens are always subject to the possibility of deportation or removal.

Undocumented immigrants are citizens of another country who do not have legal immigration status in the United States. Undocumented immigrants include those who entered the country illegally (or without being inspected by a U.S. immigration official at the time of entry) as well as non-citizens whose temporary legal status in the U.S. has expired. While undocumented persons are always at risk of apprehension and deportation, this does not mean they will be removed immediately from the U.S. There is a possibility that they are eligible to apply for lawful immigration status or ask for relief from removal before the immigration court. . Generally, undocumented immigrants are not eligible to work, obtain a SC driver's license, attend a SC publicly funded college or access public benefits, such as Medicaid, FI, and food stamps.

Documented immigrants have unexpired documentation to verify they are currently present in the United States with authorization. Documented immigrants may or may not have the right to work, have access to public benefits, or the right to remain permanently in the United States.

The most common categories of documented immigrants include:

Lawful permanent residents (holders of "green cards"): Legal permanent residents are non-citizens permitted to live and work permanently in the United States. Legal permanent resident children are entitled to food stamps, but not entitled to most other public benefits until they have had legal permanent resident status for 5 years.

Refugees or asylees have been granted refuge or asylee status based on the persecution in their home country. They will have the opportunity to apply for legal permanent residency.

Nonimmigrants: Nonimmigrants have been granted temporary authorization to enter and/or remain in the United States. There are many different categories of authorized nonimmigrants, i.e. tourist, student, temporary workers, and victims of a crime assisting in an investigation or prosecution. Each category has specific limits on the amount of time the person can remain lawfully in the United States and has specific conditions on allowable activity. Some nonimmigrant categories allow the person to work in the United States while others do not.

Dual citizenship means that an individual is a citizen of two countries at the same time. Dual citizenship occurs automatically for some individuals. For example: a child is born in the United States to foreign parents. In this example, this child has U.S. Dual Citizenship since the child is automatically a citizen of the United States and a citizen of its parent's home country. The same applies to children born abroad to U.S. citizens - the child is both a U.S. citizen and a citizen of the country of birth.

Procedures to Accomplish

Child protective services and foster care services must be provided without regard to a parent's or child's immigration status.

First, ensure that the child is safe.

Second, determine the child's immigration status in order to determine the appropriate action. Ask the citizenship and immigration status of each parent

and child, if age appropriate. Request to see some form of identification of the child and/or parents to determine the services they may be eligible to receive. If the identification is not clear or is not available, then inquire where they are from. This may require the services of an interpreter and it should be explained that the agency is requesting this information to provide services and not to report them to the Department of Homeland Security, Immigration and Customs Enforcement (ICE).

Third, if a non-citizen child is taken into custody, DSS must give notice to the consular post of the child's home country. **Within 5 days of the date the child comes into care**, the DSS caseworker should complete and send the **NOTICE TO FOREIGN CONSUL OF CHILD PROTECTION PROCEEDINGS** (DSS [30224](#)), to the appropriate embassy or consulate with a copy to the Office of General Counsel. In addition to meeting the legal requirement, contact with the consul may facilitate locating family members or other resources in a foreign country. To locate the nearest consulate office of a foreign country, the U.S. Department of State, Bureau of Consular Affairs website at <http://www.state.gov/s/cpr/rls/fco> should be accessed.

Foster Care for an Undocumented Child:

All services described in section 810 Basic Requirements During Foster Placement apply, with the addition of the following services:

Foster care services must be provided without regard to a parent's or child's immigration status.

Federal foster care and adoption assistance payments (Medicaid and federal IV-E funding) can only be provided to U.S. citizens or documented immigrants.

For children placed into foster care who are undocumented, funds to pay their board will be obtained from state funds and any needed medical services must be paid for with non-Medicaid resources.

Assessing a Child's U.S. Citizenship or Immigration Status

If possible, find out the migration history of the family and legal status of each family member. This can help determine the child's legal status.

To determine a child's citizenship, ask for one of the following documents:

- Birth certificate from one of the 50 states or U.S. territories (American Samoa, Guam, Puerto Rico and U.S. Virgin Islands);
- Secondary proof of birth in the United States may include a hospital birth

certificate, baptismal certificate

- Naturalization Certificate (N-550 or N-570);
- U.S. Passport;
- Social Security Card (Note: A social security card is not proof of U.S. citizenship, but is helpful to locate other records.)

Documentation of immigration status:

- Permanent Resident Card/Alien Registration Receipt Card (Federal Form I-551), also known as a Green Card.
- Foreign passport, with a U.S. visa, entry stamps from U.S. immigration border officials and I-94 card (small white or green card placed in the passport at the time of entry into the U.S.)
- Copies of prior immigration filings, receipt notices, approval notices or correspondence from immigration officials or the immigration court

Warnings on naturalization and citizenship certificates indicating that it is illegal to make copies do not apply if the purpose is to verify eligibility for benefits (63 F.R. 41670 (1998)). The best practice is to indicate "copy for verification purpose only" on the photocopy.

Keep the Non-citizen Child's Legal Status Current

For non-citizen children who have temporary lawful immigration status, it is imperative to keep their legal status current. Many of the documents listed above have expiration dates. The DSS Office of General Counsel should be contacted for guidance due to the complexity of procedures that must be followed. Failure to timely file for an extension or change of immigration status may result in the child losing lawful immigration status and becoming subject to deportation or removal from the United States.

Visa and green card renewal facts.

- Any person who became a permanent resident (green card holder) before they turned 14 years of age is required to replace their card when they become 14 years old.
- Permanent Resident Cards that were issued for 10 years must be renewed 6 months before they expire. The renewal form is I-90.
- People who have Permanent Resident Cards valid for only two years are conditional residents. Before they can renew their green card they must file a petition to remove the conditions of the residence before the card expires.

Generally, the petition to remove the condition must be filed in the **90 days** before the conditional green card expires. Some children may be eligible to submit this application immediately and do not need to wait until the 90 days before the card expires.

- A child present in the United States in a nonimmigrant or temporary status will need to submit an application to either extend or change status with USCIS prior to the expiration of the date of their current period of authorized stay. Please note that children's temporary status is often tied to their parent's nonimmigrant status, and the parent or parent's employer may need to file the extension/change of status applications on behalf of the child. In order to keep nonimmigrant or temporary visas current, the child's foreign passport also has to remain current. This can be done at the appropriate consulate in the U.S.

Children without Legal Status

The child's legal status, or lack thereof, should be one of the first things determined.

The child will need to have a certified foreign birth certificate and passport. These can be obtained at their consulate in the U.S. The child may be eligible for one of the following:

- A child could be eligible for derivative U.S. citizenship if:
 - One of the child's parents or grandparents was a U.S. citizen at the time of the child's birth. OR
 - One of the child's biological or adoptive parents became a U.S. citizen and obtained the child's green card while the child was under age 18.
- A child could be eligible for legal status through Special Immigrant Juvenile Status (SIJS). A child who meets these rules can receive a green card, and eventually U.S. citizenship. (See section 810.04.01 Special Immigrant Juvenile Status.) To be eligible for SIJS, the following must be applicable:
 - The child is under 21 and unmarried; AND
 - Re-unification with at least one of the parents is not possible because of abuse, neglect, or abandonment; AND
 - It is not in the child's best interests to return to the country of their birth.

There are other ways children may become eligible for citizenship including if a child or child's parent is a victim of certain crimes. If the agency has had an open treatment or foster care case, the following types of visas could be considered if the child (and possibly the parent) has been victims of abuse. Prior to closing the case, the worker should make a referral to an immigration attorney for assistance in obtaining such a visa for the child and parent with

whom the child resides. In such cases, the agency's investigation of the abuse will be utilized as documentation for the application/eligibility for such a visa. The Office of General Counsel may advise the county director regarding specific documentation which may be shared with the immigration attorney to assist in this process.

- U visa or T Visa – a child may be eligible to receive a visa if he or she meets one of the following:

The child suffered substantial mental or physical abuse as the result of being the victim of certain crimes, including but not limited to: sexual exploitation, sexual assault, and domestic violence while in the US.

The child's suffered mental or physical abuse as the result of having been a victim of human trafficking and is willing to cooperate with the investigating authorities.

If the child's parent was a victim of one of the above and willing to cooperate with the investigative authorities, the parent and child may apply for a U or T Visa.

- Violence Against Women Act (VAWA) can provide a child with a green card of US citizenship if one of the following criteria apply:

A US citizen or Lawful Permanent Resident (green card holder) parent abused the child. This would include an adoptive or naturalized parent or step parent. OR

The child's parent was a victim of a domestic violence at the hands of his/ her US citizen spouse.

When either of the above situations occurs, assistance from the Office of General Counsel must be requested regarding specific documentation which may be shared with the immigration attorney to assist in the Visa application process.

Services Available to Immigrants

DSS is mandated to provide services to families without discriminating regardless of their citizenship or immigration status. Efforts to reunite families must continue, and whenever possible and appropriate, referrals for needed services must be made. Monthly contacts, judicial reviews and advisory board reviews (Foster Care Review Board) and other required duties are required for children in DSS custody. Additionally, federal time constraints for children in foster care are the same regardless of their citizenship or immigration status. Workers must be cognizant of cultural differences. Translators must be used as necessary for communication and paper work and appropriate resources must be located to assist the parents.

Documented immigrants may qualify for Medicaid and other federally funded assistance including resources from Family Assistance, Food Stamps, potential child only case (if the child is a U.S. citizen).

Undocumented immigrants may be eligible to receive payment for medical services in cases of an emergency only. To obtain information about eligibility for Medicaid, contact the S.C. Department of Health and Human Services Medicaid Eligibility Worker.

An immigrant employed by an agricultural or farm related employer might be eligible to receive assistance from the Migrant Workers Program through the S.C. Department of Health and Environmental Control. To make use of these services, contact the local DHEC representative. In the event an immigrant is not employed in an agricultural setting, they may still access medical services through Community Health Centers on a sliding fee scale or use free or reduced fee clinics.

Abandoned Baby

If the parents cannot be found, any child under the age of five is presumed to be a U.S. citizen. Source: (8 U.S.C. §1401 (f)). If a child was not born in the U.S. but one or both of the child's parents are a U.S. citizen, the child may be entitled to U.S. citizenship. If there is a question about the child's citizenship status, assistance should be requested from an experienced immigration attorney. If a baby has been abandoned at a hospital or a hospital clinic, refer to Section 812.01, Abandoned Infants Act for procedures. If a baby has been abandoned elsewhere, provide necessary services to ensure that the child's needs are met.

At the Merits hearing, the worker must request that the court order a directive to Bureau of Vital Statistics to create a birth certificate using the estimated date of the child's birth.

Undocumented Immigrants as Foster Parents

Nothing in the foster care licensing regulations requires that a foster parent be a U.S. citizen or documented immigrant. However, the inability in obtaining a complete criminal history record on an undocumented immigrant may prevent licensure. (Ref. Foster Care Licensing Manual, Section 950 E, item h)

Requesting an ICPC Home Study on Undocumented Immigrants

State policy prohibits our state from denying a placement solely based upon the immigration status of the applicant; however, the inability to obtain a

criminal history record on an undocumented immigrant may prevent approval of the home study.

Case Planning for Children Who Have Relatives in Another Country

Concurrent planning must begin early upon a child's entry into foster care. Whenever a relative resides in another country, the steps to obtain a home evaluation are different than requesting a home study from another state. Contact the nearest embassy or consular office of the relative's country of residence and request assistance in obtaining a home evaluation. The embassy or consular office may require additional information and the completion of other forms if a home evaluation is needed.

Flex funds for Services for Undocumented Immigrant Families

Federal approval has been given to the use of these funds if there is confirmation by a court that there has been abuse or neglect.

Note: Flex funds may be used to serve undocumented immigrants according to the federal government's definition of IV-B funds.

Independent Living Funds Cannot be used for Undocumented Youth

Current restrictions limit the use of these funds to youth who are citizens or legal immigrants of the United States. Youth who are undocumented are not eligible for Education and Training Vouchers (ETV) funds and are not eligible for Chafee Foster Care Independence Program (CFCIP) services after leaving care.

Organizations and Agencies that Assist With Services For Immigrants

Each county DSS should have a directory of services that are available.

The following website is a statewide listing of resources:

<http://appleseedlegaljusticecenter.files.wordpress.com/2012/07/immigrant-resource-guide-2012.pdf>

Additionally, the following resources may be of assistance:

<u>SOURCES</u>	<u>SERVICES PROVIDED</u>	<u>CONTACT INFORMATION</u>
Care Line	Toll free, statewide hotline which provides information and referral services	1-800-868-0404
Telamon	Primary program is for	http://www.telamon.org/

	documented <u>agricultural workers only</u> , with assistance provided for, Housing, Employment, GED, etc. Some additional programs available for low-income families.	(803) 256-7411
Hispanic Resource Hotline	Referral services for resources.	http://www.hispanicaccess.org 1-800-473-3003
National Hispanic Pre-Natal Helpline (NHPH)	Information and referral for pre-natal services for Hispanics.	1-800-504-7081 http://www.hispanichealth.org/
Su Familia: The National Hispanic Family Health Helpline	Provides basic information on health topics and referral services for medical services for Hispanics.	1-866-783-2645 http://www.hispanichealth.org/
FirstGov.Gov	Federal government website resource listings in Spanish.	http://www.firstgov.gov/Espanol/index.shtml

Flowchart

1. A report of alleged abuse, neglect or abandonment is received.

Potential immigration issues: If the parents are not U.S. citizens and law enforcement is involved, the parents may flee due to immigration violations, this includes being in the U.S. without permission. Immigrants, even those who are victims, may be hesitant to cooperate. It is common for immigrants to live in “mixed families”, that is families where some relatives have legal status and others do not. Because of this, immigrants fear of getting a relative with immigration violations in trouble.



2. DSS does an in-person investigation to assess the evidence of abuse, neglect, or abandonment.

Potential immigration issues: Cultural norms and child rearing practices may differ from

practices in the U.S., so parents may not realize their actions are illegal. Language barriers can present themselves when the parents do not speak English well. An interpreter and translated materials may be required.

DSS Policy and Procedures for Services to Persons with Limited English Proficiency or Sensory Impairment (per Directive Memo D02-39) can be accessed here: [LEP-SI](#)



3a. Case is substantiated and an investigation confirms evidence of child abuse or neglect.

Potential immigration issues: Determine the child's immigration status. Confirm the child's U.S. citizenship, e.g., U.S. birth certificate, U.S. passport, Naturalization Certificate, Certificate of Citizenship Abroad, Report of Birth. Children who are not U.S. citizens may be here legally or may be undocumented. Confirm the child's immigration status, or lack thereof, e.g., foreign birth certificate, visa, foreign passport, I-94 card (small white or green card usually placed in the child's passport at the time of entry into U.S.), permanent residence card (or green card). Find out the migration history of the family and legal status of each family member. This can help determine the child's legal status. At this point in time, the child and other family members might be eligible for legal status through the Violence Against Women Act (VAWA), U-Visa, or T-Visa. These visas help people who are victims of certain crimes. A child who has legal status will need to have someone keep that legal status current. An immigration attorney will need to be consulted.

OR

3b. Case is closed because an investigation determined that suspected abuse, neglect or abandonment is unfounded or the evidence is inconclusive.



4a. Child remains in the home and services are provided for the family. (Safety Plan or CPS treatment plan)

Potential immigration issues: Child may qualify for derivative U.S. citizenship depending on the legal status of a parent or grandparent. The child and other family members could also be eligible for the Violence Against Women Act (VAWA), U-Visa, or T-Visa. Assess challenges that language and/or immigration status may have on reasonableness of proposed services. An immigration attorney will need to be consulted.

OR

4b. Child is removed from the home and placed into custody, foster home, or kinship care. (Emergency Protective Custody and/or Probable Cause hearing)

Potential immigration issues: Ensure that the court will have a certified or otherwise qualified interpreter present for the hearing (if needed). It may be difficult to locate parents if they flee. The child may be eligible for SIJS, as long as he or she is under the jurisdiction of the family court. ADDITIONAL steps for Probable Cause hearing: If the parents have fled to a foreign country, then Service of Process could involve the Hague Convention, or another international treaty. Locate and evaluate potential alternative caregivers who may be outside the U.S. The defendants/parents have the right to have their home country embassy or consulate in the U.S. contacted about the matter pursuant to the Vienna Convention on Consular Relations (VCCR). Within 5 days of the date the child comes into care, the DSS caseworker should complete and send the **NOTICE TO FOREIGN CONSUL OF CHILD PROTECTION PROCEEDINGS (30224)**, to the appropriate embassy or consulate with a copy to the Office of General Counsel. Order parents/caregivers to provide all of the child's immigration documents and identification documents. If that is not possible, start the process to obtain birth certificates and other forms of identification for the child from the foreign consulate here in the U.S. or replacement immigration documents from USCIS. Ask the court to allow DSS to consult with an immigration attorney to review the child's case to determine if he or she is eligible for Special Immigrant Juvenile Status (SIJS) or other lawful immigration depending on how the case proceeds. If the child has legal status, it must be kept current.



5a. Voluntary services fail.

Potential immigration issues: The child may be eligible for SIJS, as long as he or she is under the jurisdiction of the family court and will not be reunified with one or both parents. The child and other family members may be eligible for some type of legal status for abused immigrants.

OR

5b. Voluntary in home services work and the case is closed. The child and other family members may be eligible for immigration benefits, especially if one or more family

members was the victim of a crime. The DSS caseworker should recommend that the family seek the services of an experienced immigration attorney.



6. A removal petition is filed in family court to determine whether a child can remain in the home or whether custody should be granted to DSS. (Merits/Removal Hearing)

Potential immigration issues: Ensure that the court will have a qualified interpreter present for the hearing (if needed). Consider cultural differences in context of what constitutes abuse/neglect/abandonment. It may be difficult to locate parents if they flee. If the parents have fled to a foreign country then Service of Process could involve The Hague Convention, or other international treaty. Locate and evaluate potential alternative caregivers who may be outside the U.S. Request permission to conduct home studies in foreign countries. The defendants/parents have the right to have their home country embassy or consulate in the U.S. contacted about the matter pursuant to the VCCR. Within 5 days of the date the child comes into care, the DSS caseworker should complete and send the **NOTICE TO FOREIGN CONSUL OF CHILD PROTECTION PROCEEDINGS** (DSS [30224](#)), to the appropriate embassy or consulate with a copy to the Office of General Counsel. Assess challenges that language and/or immigration status may have on reasonableness of proposed treatment plan. Order parents/caregivers to provide all of the child's immigration documents and identification documents. If that is not possible, start the process to obtain birth certificates and other forms of identification for the child from the foreign consulate here in the U.S and replacement immigration documents from USCIS. Ask the court to allow DSS to consult with an immigration attorney to review the child's case to see if he or she is eligible for Special Immigrant Juvenile Status (SIJS), or other avenue for obtaining legal status. Children with legal status need to have that status kept current.



7a. The court leaves the child in the home and orders DSS to develop a treatment plan and provide services to the family.

Potential immigration issues: Assess challenges that language and/or immigration status may have on reasonableness of the proposed plan. The child and other family members may be eligible for some type of legal status. Any current legal status must be kept current. Consult an immigration attorney.

7b. The case is dismissed or closed. The court finds the problems that brought the family into court have been remedied. The child and other family members may be eligible for immigration benefits, especially if one or more family members were the victim of a

crime. The DSS caseworker should recommend that the family seek the services of an experienced immigration attorney.

OR

7c. Efforts to leave the child in the home fail and a petition for the removal of the child is filed.



8a. The court orders the child to be placed in out-of-home care, orders a placement plan, or orders DSS, with the participation of the parents, to devise a placement plan to be submitted to the court.

Potential immigration issues: Ensure that the court will have a qualified interpreter present for the hearing (if needed). Consider cultural differences in context of what constitutes abuse/neglect/abandonment. It may be difficult to locate parents if they flee. If the parents have fled to a foreign country then Service of Process could involve The Hague Convention, or other international treaty. Locate and evaluate potential alternative caregivers who may be outside the U.S. Request permission to conduct home studies in foreign countries. The defendants/parents have the right to have their home country embassy or consulate in the U.S. contacted about the matter pursuant to the VCCR. The child and other family members may be eligible for immigration benefits, especially if one or more family members was the victim of a crime. The DSS caseworker should recommend that the family seek the services of an experienced immigration attorney. Assess challenges that language and/or immigration status may have on reasonableness of the proposed treatment plan. Order parents/caregivers to provide all the child's immigration documents and identification documents. If that is not possible, start the process to obtain birth certificates and other forms of identification for the child from foreign consulate here in the U.S. and replacement immigration documents from USCIS. Ask the court to allow DSS to consult with an immigration attorney to review the child's case to see if he or she is eligible for Special Immigrant Juvenile Status (SIJS), or other avenue for obtaining legal status. Children with legal status need to have that status kept current.

OR

8b. The family successfully completes the plan, the child is returned home, and the case is closed. The child and other family members may be eligible for immigration benefits, especially if one or more family members were the victim of a crime. The DSS caseworker should recommend that the family seek the services of an experienced immigration attorney.

OR

8c. The family does not successfully complete the plan and a new plan is required.



9. Permanency planning: The court decides the child cannot safely be returned to the home and/or efforts to reunify with the birth family should end. The court orders another permanent placement plan be selected.

Potential immigration issues: DSS should consult with an experienced immigration lawyer for a comprehensive assessment of the child's immigration status and available immigration options. If appropriate, a motion requesting that the family court issue an order to determine the child's eligibility for SIJS should be submitted to the court, while it has jurisdiction over the child. Other available immigration options could include the VAWA, a U-visa, or T-visa, or possibly placement that could lead to adoption that complies with immigration and international rules. If this is not done now or the child is not eligible for legal status, the child will have issues with independent living programs due to inability to obtain a SC driver's license and SSN. The child will also not be able to work legally or attend state funded colleges or receive state and federal scholarships and grants. The child is also ineligible for Medicaid in South Carolina until he or she has been a legal permanent resident for five years or becomes a U.S. citizen.

Overview of Statutes/Regulations

See section 810

Related Policies

810.01 Immigration Issues

Referenced documents: DSS 30224

Revision Comments: Renamed this section. Detailed information and flowchar

Referenced Documents

Revision Comments

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 12-08

Effective Date: 11/07/2012

810.04.01 Special Immigrant Juvenile Status - SIJS

This section explains the benefits and requirements for obtaining Special Immigrant Juvenile status (SIJS) for a foster child who is not a resident U.S. citizen or legal permanent resident of this country.

Special Immigrant Juvenile Status (SIJS or SIJ)

Special Immigrant Juvenile Status (SIJS) is a route to legal immigration status and permanency for children in foster care and other out-of-home placements including those in adoptive placements prior to finalization. Children who lack permanent legal immigration status cannot qualify for Medicaid, student loans, cannot obtain legal employment, and face the constant threat of deportation or removal to their home countries.

In 1990, Congress addressed this problem by creating an immigration classification known as Special Immigrant Juvenile (SIJS) status. SIJS is an immigration option for children who are dependent on a state juvenile court (family court); cannot be returned to one or both of their parents as per the juvenile (family) court's finding because of abuse, neglect or abandonment, and for whom it would not be in their best interest to return to their home country.

SIJS allows noncitizen children to apply for legal permanent residency while remaining in the United States. The children are eligible to receive work authorization during the pendency of their application, and, if approved, will obtain lawful permanent residence (green card).

Procedures to Accomplish

The procedures for obtaining Special Immigrant Juvenile status are explained in the topics listed below.

Who is Eligible for Special Immigrant Juvenile Status?

An unmarried child under the age of 21 who is under the jurisdiction of a family court or has been legally committed to the custody of a state agency, department, entity, or individual by such court, where the court has found that:

- a. the child cannot be reunified with one or both parents because of abuse, neglect, abandonment or a similar basis in state law, and
- b. it would not be in the child's best interest to be returned to the home country.

In most DSS cases, SIJS involves a child in foster care. However, the child does not have to be in foster care, but can be living with one parent, other relative, or third party caregiver as determined by the family court, and the child can be placed with a family with a plan of adoption. In any of these situations, DSS attorneys should ensure that the child remains under the jurisdiction of the court until receipt of the child's green card.

Benefits of Special Immigrant Juvenile Status (SIJS):

- a. Allows the child to remain in the United States and eventually obtain lawful permanent residency (green card).
- b. Provides an employment authorization document that allows the child to work and serves as a government-issued identification card.

The Requirements for Special Immigrant Juvenile Status:

1. The juvenile (family) court must declare the child to be a court dependent, must legally commit the child to a state department or agency, or must legally commit the child to the care of an individual or entity appointed by a state or juvenile court in the United States, including children in dependency proceedings, delinquency proceedings, and guardianship through a probate court.
2. The SIJS application must include a special order signed by the juvenile court finding that the child cannot be reunified with one or both parents because of abuse, neglect, abandonment or a similar basis in state law. The court's order, or a social worker's statement, must provide at least a brief reference to facts supporting the finding of abuse, neglect, abandonment or a similar basis in state law.
3. The juvenile court must find that it is not in the child's best interest to return to his/her country of origin. This can be proven through an interview with the child, a home study in the home country, or other evidence showing there is no known appropriate family in the home country.
4. The child must be under 21 and unmarried. The child's age can be proven with a birth certificate, passport, or other official foreign identity document issued by a foreign government. The child can be a parent of his or her own children. SIJS cannot be denied based on age if the noncitizen was under 21 and unmarried on the date of the SIJS

application. Until further guidance is provided, the juvenile court should retain jurisdiction over the case until the entire application is decided by the U.S. Citizenship and Immigration Services.

Obtaining Special Immigrant Juvenile Status:

SIJS is to be considered when the child has a plan of termination of parental rights or the child is not going to be reunified with one or both parents because of abuse, neglect or abandonment. If the recommendation at the permanency planning hearing is for termination of parental rights, DSS should ask that the court order include permission from the court for SIJS application.

In order to begin the process of obtaining SIJS for a child, the case should be staffed with the county attorney followed by consultation with the Office of General Counsel. Once the SIJS status has been obtained the agency will apply for a green card for the child.

Immigrant Child Placed for Adoption after Obtaining SIJS Status and Green Card

If the child is adopted prior to their sixteenth (16th) birthdate, the child with a green card status may become a US citizen after they have been in placement with the adoptive family for two (2) years. Prior to closing the case, the adoption specialist must advise the adoptive family of the importance of their application for a Certificate of Citizenship. After the child has been in the legal and physical custody of the adoptive parents for two years, the adoptive family must apply for a Certificate of Citizenship and a passport. Adoption alone does not make the child a US citizen.

Overview of Statutes/Regulations

8CFR 204.11, Federal Special Juvenile Status Regulations

Related Policies

810.04 Undocumented Immigrants

Referenced Documents

Revision Comments

New Section

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 09-04

Effective Date: 05/14/2009

811 Indian Child Welfare Act

This section outlines additional procedures to be followed if a child is a member of a federally recognized Indian tribe or eligible for membership in such a tribe.

* **Note:** MEPA and Title VI do not impact the placement preferences for an American Indian child who is a member of, or is eligible for membership in, a Federally recognized Tribe. MEPA and Title VI apply fully to American Indian children who are not covered under ICWA.

Foster Care Worker

1. Obtains information regarding the tribal affiliation of the child and the birth parents, including:
 - a. Name of the tribe in which the child is a member or is eligible for membership;
 - b. In the case of an Indian child who is a member or eligible for membership in more than one tribe, the tribe with which the child has the more significant contacts;
 - c. Location of the tribe
 - d. Notifying the tribe by certified mail return receipt requested, of child being taken into custody of the Department of Social Services.
 2. Contacts the Interstate Compact Specialist with the information obtained above for assistance in arranging an appropriate placement in accordance with federal law, except in situations where an emergency placement is needed.
 3. If the child is an Indian child as defined in the Indian Child Welfare Act, ensures that the local DSS attorney is advised of special legal requirements. The Office of General Counsel should be consulted on the Act's requirements.
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Referenced Documents

Revision Comments

Note, language added to clarify MEPA/VI provisions as they apply to children of American Indian ancestry.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care
Revision Number: 12-03

Effective Date: 02/16/2012

812 Voluntary Placement Agreement

This section outlines the steps to be taken if a parent or relative requests a voluntary placement agreement when the need for placement is not related to abuse or neglect.

Departmental Values:

A voluntary placement agreement should only be accepted if it is clearly in the child's best interest and there is a reasonable expectation of securing a safe, stable, and permanent family for the child which may include reunification of the child with the parent in a reasonable time period as designated on the agreement.

What Children and Youth are Affected:

Children or youth who come into DSS care through a voluntary placement agreement will be affected by this policy.

Operational Impact

Use of the voluntary placement agreement maintains the best interests of the child by ensuring that the parents and the agency understand their rights and responsibilities and by requiring time limitations on the out-of-home placement.

Procedures to Accomplish

The following definitions from Section 472(4)f of the Social Security Act apply to this section:

- (1) the term "voluntary placement" means an out of home placement of a minor, by or with participation of a State agency, after the parents or guardians of the minor have requested the assistance of the agency and signed a voluntary placement agreement; and
- (2) the term "voluntary placement agreement" means a written agreement, binding on the parties to the agreement, between the State agency, any other agency acting on its behalf, and the parents or guardians of a minor child which specifies, at a minimum, the legal status of the child and the rights and obligations of the parents or guardians, the child, and the agency while the child is in placement.

The Voluntary Placement Agreement (DSS 1512) is limited to 90 days, with the possibility of one additional 90-day extension.

The following information must be considered prior to accepting a voluntary placement:

- (1) If a relative is requesting voluntary placement of a child in their care, it should be determined if the relative has legal custody of the child.
- (2) If the relative does not have legal custody, information should be obtained regarding the location and circumstance of the parents in order to determine if they can be involved in the placement decision and/or may be a placement resource.

Conditions for Voluntary Placement

1. Prior to the acceptance of a voluntary placement or relinquishment, alternatives to foster care placement such as relative placement or utilization of emergency funds to resolve situational crisis should be explored with the parent. Involvement of the non-custodial parent should also be explored as an alternative to placement.

2. The request for placement must meet at least one of the following conditions for Voluntary Placement:

- a. The parent(s) has/have a temporary mental or physical condition, or situational crisis which is incapacitating and beyond their control and which prevents the parents from performing their parental role.
- b. The parent(s) plan(s) to relinquish parental rights.
- c. The parent(s) is (are) in custody of the Department and requests to place the child in care.
- d. A temporary crisis or situation exists in which a child or family needs time to work things out, surgery or other medical procedures, etc.
- e. The relative maintains they can no longer provide a home for the child.

In determining whether to accept a voluntary placement or relinquishment, a comprehensive assessment must be done and should include an evaluation of the family's motivation. In no case will a voluntary placement or relinquishment be accepted if it does not appear to be in the child's best interest. If the family initiates court action, DSS staff and the attorney representing the agency should confer and agree on the appropriate response prior to answering the complaint.

Unless abuse or neglect is involved and the child is at risk, DSS should

not agree to accept custody of a child unless it is clearly in the child's best interest and there is a reasonable expectation of making a permanent placement for the child.

DSS foster care and adoptive placement are not available simply because a family is not prepared to cope with their adopted child, but DSS should make every effort to assist by providing supportive services in order to preserve the family.

**Note: If a family who has adopted a child from a private and/or international agency requests to voluntarily place a child in foster care, a comprehensive assessment must be done to determine the appropriateness of the request. Families experiencing post adoption problems should be referred to the Adoption office that serves their county of residence*

3. If foster care placement is necessary, within 24 hours but no later than 3 days, the worker facilitates an initial family meeting. [The family must be referred for family group conferencing.](#) See Section 818.025 for additional information.
4. The worker explains to parent that a voluntary placement is for approximately 90 days and may be extended for no more than an additional 90 days. [A judicial determination must be made prior to the expiration of 180 days if the child cannot return home.](#)
 - a. Explains that the agency may file a removal action complaint if placement is expected to exceed 180 days due to lack of parental progress **or** at any time that the agency determines that there is risk to the child which requires that the agency assume custody.
 - b. If the court gives custody to the agency, the worker proceeds with service planning and permanency planning in accordance with foster care policy and procedures. The worker explains that a child support referral will be made and uses child support guidelines for a voluntary amount unless extenuating circumstances are documented and agreed upon in writing by the County Director.
 - c. [A case plan must be developed with the family at the time of the voluntary placement .](#)
5. If voluntary placement needs to be extended beyond the initial 90 days, a new Voluntary Placement Agreement, DSS-1512, is completed **prior to** the end of the 90 days.

Revocation of Voluntary Placement by Parent or Guardian

The parent or guardian may revoke the voluntary placement agreement and request return of the child within 15 days of their written request made to the Department of Social Services.

If the Department believes it would not be in the best interest of the child(ren) to be returned to the parent's custody, the Department will petition the Court for an order preventing such return.

IV-E Eligibility

A judicial determination regarding "*reasonable efforts*" to prevent removal is **not** required for meeting IV-E eligibility for children that enter DSS care and responsibility through a Voluntary Placement Agreement.

Federal financial participation is claimed only for voluntary foster care maintenance expenditures made within the first 180 days of the child's placement in foster care unless there has been a judicial determination by a court of competent jurisdiction, within the first 180 days of the date of such placement, to the effect that the continued voluntary placement is in the best interest of the child.

Overview of Statutes/Regulations

The Social Security Act, Section 472 describes the Foster Care Maintenance Payments Program.

Multiethnic Placement Act (MEPA) of 1994 includes requirements that race, color, or national origin are not considered in the placement selection process.

Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child, unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider and providers may not be denied the opportunity to provide care on the basis of the RCNO of the provider or the child.

Related Policies

818.025 Conducting an Initial Family Meeting

Referenced Documents

Revision Comments

New format, added IV-E eligibility wording.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 09-04

Effective Date: 05/14/2009

812.01 Abandoned Infants Act

This section outlines the department's responsibilities related to those infants, less than 30 days old, who have been abandoned **by the parent or a person directed by the parent** at a safe haven, which includes a hospital or hospital outpatient clinic, law enforcement agency, fire station, emergency medical services station, or any staffed house of worship during hours when the facility is staffed. The safe haven is required to transport the infant to a hospital or hospital outpatient clinic within 6 hours. The safe haven staff are responsible for asking for certain information regarding the medical history and background on the child and family, providing information to the parent or other person about the future legal process. The hospital staff are responsible for providing for the medical care and immediate safety of the infant. The hospital facility staff are also responsible for notifying the department within one business day.

To assist the safe haven in gathering information about the infant, DSS Form 3082 should be provided to safe havens in each county along with a stamped envelop addressed to the county DSS should the parent prefer to mail the form straight to DSS. General information for both the parents and safe havens are available on the DSS website or Master Forms Index.

*Note: Also see Section 750.

Hospital or Hospital Outpatient Clinic

1. Within one business day of receiving an abandoned infant less than 30 days old, notifies DSS.

CPS staff

2. Assumes legal custody upon receiving the notice and immediately;
 - a. **Notifies** foster care staff to begin preparations for placement of abandoned infant, and
 - b. Notifies SLED for assistance in determining if the infant has been reported missing. (SLED monitors this request for 30 days and reports to the department if any missing infant reports are received that may relate to this case.)

CPS or FC staff

3. Immediately prepares notice form for county attorney as defined below and sends a copy to the Office of Public Affairs and the county attorney. The notice must state:
 - a. the location of the safe haven (as defined above),
 - b. the circumstances of the abandonment,
 - b. a description of the infant,
 - c. the date and time and place of the permanency planning hearing,
 - d. that anyone who wishes to assert their rights must do so at this hearing.
4. Immediately delivers notice to county attorney and sends notice by certified mail to the last known address of the person identified as the parent as least 2 weeks prior to the hearing.
5. Staffs case with adoptions for coordination of placement and services..
6. Within 24 hours of being notified by hospital staff of infant's pending discharge, assumes physical control and places infant. **Neither the child's nor the prospective foster parent(s)' race, color or national origin (RCNO) will be considered in making placement decisions unless an individualized assessment reveals that doing so is in the child's best interests . Additionally, the culture of a child and/or prospective family shall not be used as a proxy for RCNO in making foster care placement decisions. Placements may not be delayed or denied on the basis of RCNO of the child or the provider.**

County Attorney

7. Within forty-eight hours after obtaining legal custody of the infant, the department must file a petition alleging that the infant has been abandoned, that the court should dispense with reasonable efforts to preserve or reunify the family, that continuation of keeping the infant in the home of the parent or parents would be contrary to the welfare of the infant, and that termination of parental rights is in the best interest of the infant. A hearing on the petition must be held no earlier than thirty and no later than sixty days after the department takes legal custody of the infant. This hearing shall be the permanency planning hearing for the infant. If the court approves the permanent plan of termination of parental rights, the order must also provide that a petition for termination of parental rights on the grounds of abandonment must be filed within ten days after receipt of the order by the department. Note: See Section 20-7-85(E)(2).
 - a. Publishes the notice in a newspaper of general circulation in the area where the child was abandoned.

Office of Public Affairs

8. Upon receiving copy of notice from the county office, sends a news release to the broadcast and print media in the area.

County Attorney

9. Files a petition for termination of parental rights based on abandonment within 10 days of receipt of the permanency planning order provided the court upheld the department's recommendations for termination of parental rights. Otherwise, proceeds as directed by the court.

Foster Care staff

10. Proceeds with case management as with any foster care case.

Referenced Documents

Referenced Documents Section 20-7-85(E)(2)

Revision Comments

First paragraph revised for clarity.

Item 6, language added to be in compliance with MEPA.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number:

Effective Date: 07/19/2012

813 IV-E Eligibility Requirements

This section includes eligibility information for IV-E funding and lists procedures to be followed to obtain a determination of IV-E funding for all children who enter foster care.

Departmental Values

Children entering DSS custody deserve to receive all of the services available to enable them to successfully deal with the issues that caused their entry into care and the resulting trauma. By determining IV-E eligibility within the first month of the child's entry into care, the agency can provide additional services to the child and family to minimize their trauma.

What Children and Youth Are Affected by This Policy

A determination of IV-E eligibility is completed for all children who enter foster care.

Operational Impact

Children who are determined to be IV-E eligible receive federally funded services through the Department of Social Services. These services allow the agency to match state funding with federal funding to increase the agency's ability to serve children in need of protection, foster care and adoption. These funds may also be utilized for training staff and for service delivery through partner agencies.

Procedures to Accomplish

The following procedure is followed to determine IV-E eligibility:

1. The foster care worker completes and submits to the State Office IV-E coordinator, the DSS- 1905, Referral for Assessment and IV-E Eligibility Determination form, immediately upon receipt of a signed court order that sanctions the removal (Probable Cause, Intervention, Non-emergency Removal, etc.) or immediately upon signing a Voluntary Placement Agreement. Along with the DSS-1905, the worker submits the following.
 - a. Copy of the completed DSS-3068, Application for Foster Care/Medicaid.

- b. Copy of the DSS-2738, Child Support Referral (if child remains in care at the Probable Cause hearing).
- c. Copy of child's birth certificate (or other verification of birth, age, relationship, such as hospital records, Bureau of Vital Statistics records, school records, green cards).
- d. Copy of child's Social Security card, Form SS5 (application for SS#), or verification of the SS number (e.g. award letter).
- e. Verification of household composition/residence/deprivation (e.g. landlord/neighbor statement, social summary, driver's license, school records, doctor's statement, client statement).
- f. Family and child income verification (e.g. employer statement, copies of checks, award letters, client statement).
- g. Family and child resource verification (e.g. bank statements, worker observation, client statement).
- h. Copy of signed court order that sanctions the placement or copy of the Voluntary Placement Agreement.
- i. Copy of Child Welfare Face Sheet (DSS-3091) if the data on this form, particularly relationships, SSN, and income, has not been accurately and completely recorded in CAPSS.

Copies of the above documents should be filed together in the current volume of the case record and labeled "Title IV-E". If the local office prefers to maintain a separate IV-E file, the case record should still contain a section labeled "IV-E" with a reference to its location.

2. The foster care worker completes appropriate IV-E Initial Determination screens in CAPSS.
3. State Office IV-E worker monitors foster care placements to ensure timely referrals for IV-E Coordinator eligibility determination.
4. Upon receipt of the IV-E application information, the State Office IV-E worker reviews and makes a decision regarding eligibility based on state and federal guidelines. The local office is contacted as needed to request additional information.
5. The State Office IV-E Coordinator records eligibility in CAPSS, and
6. Confirms the Medicaid category is changed to 31 on the Medicaid database after initial approval by Medicaid staff.

7. The foster care or IFCCS worker monitors cases and indicates any changes on DSS-1903, Case Review and Change Report form and submits this form along with any pertinent documentation within 5 days to the State Office IV-E Coordinator. The appropriate screens in CAPSS are completed.

**Note: Refer all calls from Social Security to the State IV-E Coordinator.*

a. If a child is about to turn 18, verification must be obtained that he/she is a full-time student in a secondary school or its equivalent, and is expected to graduate before age 19. This verification is forwarded to the IV-E Coordinator in state office.

8. The foster care or IFCCS worker ensures that the Permanency Planning Hearing is held within 12 months of the day the child came into care and every 12 months thereafter. If the PPH is not held within 12 months of placement or within 12 months of the previous PPH, the child becomes ineligible for IV-E board payments until the hearing is held. The worker ensures that the court order includes the appropriate “reasonable efforts” language, is child specific, and describes the services/efforts provided by the agency to support the plan for the child. Consent Orders must be heard by a judge (not circulated, signed, and filed) otherwise, IV-E funding is lost until such time as this deficiency is corrected (i.e., consent agreement is planned on record in presence of a judge). If the hearing is not held within twelve (12) months, the worker should notify the IV-E Coordinator to change reimbursement from IV-E to State Funded foster care board.

9. The foster care or IFCCS worker conducts an initial review of the child’s resources based upon their entry date into foster care and thereafter within 12 months of the most recent permanency planning hearing. (If the PPH is not held timely, the child becomes ineligible for federal funding; therefore, a review is not due again until 12 months from the PPH that reinstates eligibility.) If the PPH is held more frequently than at 12 month intervals (i.e every 6 months), a review should be submitted after each PPH. The foster care or IFCCS worker uses the computer system online reports to determine cases due for review.

a. The DSS-1903, Case Review and Change Report form along with the PPH order and any other pertinent documentation is submitted to IV-E Coordinator. Verification of continued deprivation and of income and resources available to the child must be included. If a copy of the PPH order is not yet available, the review information is submitted, noting the date of the hearing, and a copy of the order is forwarded as soon as it is received.

b. The appropriate review screens on the computer database are completed.

10. If a child leaves foster care, the foster care or IFCCS worker notifies the State IV-E Coordinator, Medicaid, Child Support, and Family Independence staff.

11. The State IV-E Coordinator, using CAPSS and personal alert systems, monitors cases subject to change and takes appropriate action.

12. Upon receipt of the DSS-1903, the State IV-E Coordinator determines continued eligibility based on state and federal guidelines.

a. The computer database is updated with change/redetermination information.

b. Overpayments for previous months in which board payments were incorrectly assigned to IV-E are recorded.

c. Medicaid is notified if a case changes from IV-E to ENR so that a payment category other than 31 can be determined.

13. State IV-E Coordinator monitors Special Payments to assure accurate funding assignments.

Definitions

1. "**Foster care maintenance payments**" means payments to cover the cost of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to a child, reasonable travel to the child's home for visitation, and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. Local travel associated with providing the items listed above is also an allowable expense. In the case of child care institutions, such term must include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentences. Foster care maintenance payments are made only on behalf of an eligible child who is:

a. in the foster family home of an individual, whether the payments are made to such individual or to a public or private child placement or child care agency; or

b. in a child care institution, whether the payments are made to such institution or to a public or private child placement or child-care agency. Such payments are limited to include only those items that are included in the term "foster care maintenance

payments" according to section 475(4) of the [Social Security] Act as explained above.

2. For the purpose of title IV-E eligibility, **foster family home** means the home of an individual or family licensed or approved as meeting the standards established by the State licensing or approval authority that provides 24-hour out-of-home care for children. The term may include group homes, agency-operated boarding homes or other facilities licensed or approved for the purpose of providing foster care by the State agency responsible for approval or licensing of such facilities. Anything less than full licensure or approval is insufficient for meeting title IV-E eligibility requirements.

3. **Child care institution** means a private child care institution, or a public child care institution which accommodates no more than 25 children, and is licensed by the State in which it is situated or has been approved by the agency of such State responsible for licensing or approval of institutions of this type as meeting the standards established for such licensing. This definition must not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent.

Eligibility Criteria (See the "Title IV-E Foster Care Guidelines" booklet at the end of this section for detailed eligibility information.)

A. The Agency may claim Federal matching (IV-E funding) for costs of placement for children who:

1. are placed through a voluntary placement agreement entered into by the child's parent or guardian for 90 days, renewable for an additional 90 days. A judicial determination to the effect that the placement is in the best interest of the child must be prior to the expiration of 180 days or

2. are placed involuntarily in foster care only through a judicial determination that:

(a) continuation in the home would be contrary to the welfare of the child and that placement would be in the best interest of the child and

(b) reasonable efforts have been made to prevent the removal of the child or that reasonable efforts were not required **and**

3. would have met the Aid to Families with Dependent Children (AFDC) program eligibility requirement had the child been living

with the parent(s) within six months of the date court proceedings were initiated leading to a judicial determination that included “*contrary to the welfare*” and “*reasonable efforts*” language, or within six months of the signing of a Voluntary Placement Agreement. Eligibility for IV-E requires that the child must have a relationship to the Aid to Families with Dependent children (AFDC) Program within six months prior to or during the “eligibility month.”

B. Types of Removal

When DSS obtains custody, there must be a “removal” for a child to be IV-E eligible. The two types of “removals” are:

1. *Physical removal*. This occurs when DSS has physically removed the child from the current living arrangement. Custody must also be removed from the appropriate person.
2. *Constructive removal*. This is a “nonphysical” or a “paper removal.” This situation occurs when DSS has obtained custody of the child but did not physically remove the child from the current living arrangement.

Note: *A removal has not occurred in situations where legal custody is removed from the parent or relative, and the child remains with the same parent or relative in that home under the supervision of DSS.*

Contents of the Removal Court Order

To establish IV-E eligibility for the child’s foster care board payment, the first judicial determination sanctioning the removal of the child, must include a judicial determination that continuation in the home would be “**contrary to the welfare of the child**” and that “**reasonable efforts to prevent removal were made**” or “**reasonable efforts to prevent removal were not required.**” This requirement recognizes the severity of removing a child, even temporarily, from the home. The judicial oversight is intended to prevent the state agency from acting too quickly and removing children unnecessarily.

If the “contrary to the welfare” determination is NOT made in the first court order, the child is not eligible for IV-E Foster Care board payments for the duration of the child’s stay (for that placement episode) in foster care.

If “*reasonable efforts*” were not addressed in the first court order, there must be an order within 60 days of the child’s removal that contains judicial

language to the effect that “*reasonable efforts*” were made to prevent removal of the child or that “*reasonable efforts were not required*” to prevent removal of the child from the home. If the “*reasonable efforts*” language is not obtained within 60 days of the child’s removal, the child is not eligible for IV-E during that placement episode. The order must state that: **“reasonable efforts were made to prevent or eliminate the need for removing the child from the child’s home,”** or **“reasonable efforts to prevent removal were not required.”**

Additional information regarding court orders:

1. If the reasonable efforts and contrary to the welfare judicial determinations are not included as required in the court orders, a transcript of the court proceedings is the only other documentation accepted to verify that these required determinations have been made.
2. Neither affidavits nor nunc pro tunc orders (retroactive orders) will be accepted as verification documentation in support of reasonable efforts and contrary to the welfare judicial determinations, except as provided in 479B(c)(ii) of the Act and for Tribes.
3. Court orders that reference State law to substantiate judicial determinations are not acceptable, even if the law provides that a removal must be based on a judicial determination that remaining in the home would be contrary to the child's welfare or that removal can only be ordered after reasonable efforts have been made. Exceptions exist for Tribes.

Trial Home Visits and IV-E Eligibility

A trial home visit may not exceed six months in duration, unless the court orders a longer trial home visit. If a trial home visit extends beyond six months and has not been authorized by the court, or exceeds the time period the court has deemed appropriate, and the child is subsequently returned to foster care, that placement must then be considered a new placement and title IV-E eligibility must be newly established. Under these circumstances, the judicial determinations regarding contrary to the welfare and reasonable efforts to prevent removal are required.

Overview of Statutes/Regulations

Social Security Act Title IV-B and IV-E, Section 472: Foster Care Maintenance Payments Program, Section 473: Adoption and Guardianship Assistance Program, Section 475: Definitions- Case Plan, Parents, Adoption Assistance Agreement, Foster Care Maintenance Payments, Case Review System, Administrative Review, Legal Guardianship, Child

SC Statute 63-7-1640 Family Preservation

The Title IV-E Foster Care Guidelines Booklet is included on the following pages.

Title IV-E Foster Care Guidelines

Guidelines for Obtaining Federal Funding for Foster Children in South Carolina

Introduction

Title IV, Part E, of the Social Security Act (Public Law 96-272) provides for federal payments to states for foster care maintenance (board payments), administrative costs and training costs related to the provision of services for children in foster care. This funding is based on each specific child's eligibility for Aid to Families With Dependent Children (AFDC) assistance in effect July 16, 1996, court-monitored casework practice, and licensing and other safety requirements of the Adoption and Safe Families Act of 1997.

These guidelines were revised in August 2011. Guidelines dated September 2008

are obsolete. Changes that were effective April 2010 regarding re-determinations are included in this revision.

SCDSS Policy Statement

It is the policy of the South Carolina Department of Social Services that each child who enters foster care be evaluated for Title IV-E eligibility. In addition, each Title IV-E foster child is to be reviewed no less than every twelve months or whenever changes occur in the child's situation which affect his/her continued eligibility.

IV-E Eligibility Criteria

Criteria in the following three areas must be met for a child to be Title IV-E eligible:

- A. Judicial Process
- B. AFDC Eligibility (policy in effect July 16, 1996)
- C. Foster Care Placement

Note: In certain situations, the agency may claim administrative costs for the care of a child, but may not be reimbursed for board payments (maintenance costs). These cases are classified as Eligible Not Reimbursable (ENR) and the criteria is defined later in this section.

A. Judicial Process

1. Judicial Determinations

A child must have entered the foster care system by involuntary removal by the court or law enforcement or by voluntary placement by the parent or legal guardian. There are three judicial determinations the court must make before a child meets the judicial requirements for Title IV-E eligibility:

- a. Responsibility and Care of the Child;
- b. Contrary to the Welfare of the Child; and
- c. Reasonable Efforts

a. Responsibility and Care of the Child

The court must assign responsibility and care of the child to the Department of Social Services (which is the Title IV-E agency). This is established when DSS is granted legal custody.

b. Contrary to the Welfare of the Child

The court order that initially removes the child from the home

must state that continuation in the home is contrary to the child's welfare / it is not in the best interest of the child to remain in the home.

Some examples of acceptable alternative "contrary to the welfare" language are when the court finds that:

1. Reasonable grounds exist to believe that the child is in danger of imminent death or serious physical injury or is being sexually abused, and that the parent(s) or other person exercising custodial control or supervision are unwilling or unable to protect the child.
2. Reasonable grounds or probable cause exist to believe that the child could be neglected or abused if returned to or left in the custody of his/her parent(s) or person exercising custody, control, or supervision.
3. The child is a danger to him/herself.
4. The child's condition or surroundings are such that his/her welfare is being harmed or threatened with harm to such a degree that his/her best interest requires removal from the home.
5. In the case of an order terminating parental rights, termination of parental rights is in the child's best interest.

This determination **must** appear in the court order that initially removes the child from the home (i.e., Pick-Up Order, Exparte, Probable Cause Order, Removal Order, Intervention Order, etc.). If this ruling does not occur in the **first court order** that sanctions the removal from the home, the child is ineligible for federal funding assistance for the duration of that stay in foster care.

Important: When a Family Court Judge orders that custody of a child be transferred directly from the Department of Juvenile Justice to DSS (or some similar court-ordered placement not initiated by DSS), the county office must treat this as a referral/report and petition the Court for a Probable Cause Hearing. That Probable Cause Hearing would then be considered the first order that sanctions removal from the home and must contain the "contrary to the welfare" language.

C. Reasonable Efforts - Initial Removal

Once the child is removed from the home, and no later than 60 days from the date of removal, DSS must obtain a court order demonstrating one of the following:

1. Reasonable efforts were made to prevent removal of the child from the home;
2. Reasonable efforts were not possible due to the emergency of the removal. In this case, the judge determines that the "lack of preventive services was reasonable." (Note: This does not mean all EPC's - only those instances where the child must be taken into custody and there is no opportunity to consider alternative options.); or
3. Reasonable efforts to prevent placement were not required because of the reasons listed below as cited in Children's Code **Section 63-7-1640(C)**;

The family court may authorize the department to terminate or forego reasonable efforts to preserve or reunify a family when the records of a court of competent jurisdiction show or when the family court determines that one or more of the following conditions exist:

- (1) the parent has subjected the child or another child while residing in the parent's domicile to one or more of the following aggravated circumstances:
 - (a) severe or repeated abuse;
 - (b) severe or repeated neglect;
 - (c) sexual abuse;
 - (d) acts the judge finds constitute torture; or
 - (e) abandonment;
- (2) the parent has been convicted of or pled guilty or nolo contendere to murder of another child, or an equivalent offense, in this jurisdiction or another;
- (3) the parent has been convicted of or pled guilty or nolo contendere to voluntary manslaughter of another child, or an equivalent offense, in this jurisdiction or another;
- (4) the parent has been convicted of or pled guilty or nolo contendere to aiding, abetting, attempting, soliciting, or conspiring to commit murder or voluntary manslaughter of the child or another child while residing in the parent's domicile, or an equivalent offense, in this jurisdiction or another;
- (5) physical abuse of a child resulted in the

death or admission to the hospital for in-patient care of that child and the abuse is the act for which the parent has been convicted of or pled guilty or nolo contendere to committing, aiding, abetting, conspiring to commit, or soliciting:

- (a) an offense against the person, as provided in Title 16, Chapter 3;
- (b) criminal domestic violence, as defined in Section 16-25-20;
 - (c) criminal domestic violence of a high and aggravated nature, as defined in Section 16-25-65; or
 - (d) the common law offense of assault and battery of a high and aggravated nature, or an equivalent offense in another jurisdiction;
- (6) the parental rights of the parent to another child of the parent have been terminated involuntarily;
- (7) the parent has a diagnosable condition unlikely to change within a reasonable time including, but not limited to, alcohol or drug addiction, mental deficiency, mental illness, or extreme physical incapacity, and the condition makes the parent unable or unlikely to provide minimally acceptable care of the child;
- (8) other circumstances exist that the court finds make continuation or implementation of reasonable efforts to preserve or reunify the family inconsistent with the permanent plan for the child.

“Reasonable efforts” can be defined as the exercise of ordinary diligence and care by the agency to utilize all preventive and reunification services in the community which are necessary to enable the child to live safely at home. Unless reasonable efforts criteria is waived by the court (as described in #2 and #3 above), a judge must determine in a court order that the agency has in fact made reasonable efforts. This determination should be made in the first order (i.e., Probable Cause or previous hearing) when possible so that the child may be eligible for IV-E at the earliest possible time. But, if a court determination of reasonable efforts is not made within 60 days of coming into care, the child is ineligible for IV-E for that entire stay in foster

care.

The precise language "reasonable efforts" should be included in the court order; but, at a minimum, the order must contain language *to the effect that* reasonable efforts were made. **This finding must be explicit and not implied.** A detailed description of the services offered/provided to the family or other efforts made to provide for the child's safety at home must be included. The determination must be child-specific and may not merely reference state statutes pertaining to removals. It is acceptable to use a separate Affidavit of Reasonable Efforts which is attached to the complaint and incorporated into the court order by the judge. In the absence of a court order, the only acceptable alternative documentation is a transcript of the court proceedings.

Reasonable Efforts - Twelve Month Review

A judicial determination regarding reasonable efforts to finalize the permanency plan must be made within 12 months of the date the child is removed from the home (i.e., enters foster care). The permanency plan may be reunification, adoption, legal guardianship, placement with a fit and willing relative, or placement in another planned permanent living arrangement. The precise language "reasonable efforts" should be included in the court order; but, at a minimum, the order must include language *to the effect that* reasonable efforts were made. A detailed description of the services offered/provided to the family or other efforts made to achieve the permanent plan for the child must be included. The determination must be child-specific and may not merely reference state statutes pertaining to removals. It is acceptable to use a separate Affidavit of Reasonable Efforts which is attached to the complaint and incorporated into the court order by the judge. In the absence of a court order, the only acceptable alternative documentation is a transcript of the court proceedings.

This judicial determination of reasonable efforts must be made within 12 months of the date the child is removed from the home, and once every 12 months thereafter from the last judicial determination. If the determination is not made timely, the child becomes **ineligible** for IV-E reimbursement beginning the 1st day of the 13th month, and remains **ineligible** until the first of the month the determination is made.

Effective Date of Judicial Determinations

In establishing the date when the court language requirements for IV-E eligibility have been met, the date of the hearing on the order shall be the effective date of the judicial determination. Court orders (i.e., judicial determinations) are not official until they are signed by the judge; however, it is the intent of the judge that his/her orders be effective immediately rather than after any administrative delay in obtaining the judge's signature. The purpose of this practice is so that a delay in issuing the signed court order (which may sometimes take two to three months) does not affect the date from which IV-E funding may be claimed.

In review, if the finding that continuation in the home is contrary to the welfare of the child (or words to that effect) does not appear in the initial court order removing the child from the home, the child cannot be eligible for IV-E. If this statement is present in the original order but the reasonable efforts statement is lacking, the reasonable efforts language must be included in a subsequent order within 60 days of the date of removal. Once both of these statements are made, the judicial requirement for IV-E has been met and the first of the month of the date of the hearing on the subsequent order will be the effective date. If a hearing is continued with two or more hearing dates, the latest or final hearing becomes the effective date in which the court order language requirements are assessed. This same criteria is applied at the 12-month judicial determination (i.e., the effective date of the IV-E ongoing eligibility determination is the first of the month in which the hearing is held).

Voluntary Placement

If a child is placed under the authority of a Voluntary Placement Agreement (DSS-1512) signed by the parent(s) or guardian and DSS representatives, the child is eligible for IV-E funding for the duration of the agreement beginning with the date that all parties have signed the agreement (providing all other eligibility requirements are met). This Voluntary Placement Agreement expires after 90 days but can be extended 90 days by the placement committee with the consent of the parents or legal guardian. If the decision is made to extend the placement, a second Voluntary Placement Agreement must be signed by the 91st day. The child would retain eligibility during this period.

In order for the child to remain eligible past 180 days, DSS must go to court to seek custody of the child. A judicial determination to the effect that placement is in the child's best interest must be made within 180 days (not 6 months) of the original voluntary placement agreement in order for the child to retain IV-E eligibility past the 180th day of placement. If this is not issued, IV-E funding for this child must be terminated. The "reasonable efforts" determination is not applicable to voluntary placements.

Effective Date of Action for Voluntary Placement

In establishing the date for determining if the judicial determination requirement was met, the date that the court hearing took place shall be the effective date of the action, not the date of the judge's signature. This must be no later than the 180th day of placement (i.e., 180 days from the date the agreement is signed).

Voluntary Relinquishment

If a child enters care because of voluntary relinquishment of parental rights by his/her parents; the county must petition the court within six months of the child living with a specified relative and obtain a judicial determination to the effect that remaining in the

home would be contrary to the child's welfare. The child will then be treated as though he/she were judicially removed rather than voluntarily relinquished. If a voluntary relinquishment occurs after a voluntary placement and the judiciary determination to the effect that placement is in the child's best interest is met within 180 days of the placement agreement, it will have no effect on the eligibility of the IV-E child since the judicial criteria has already been met.

B. AFDC Eligibility

The State must establish that each child who comes into foster care meets the eligibility criteria for Aid to Families with Dependent Children (AFDC) in effect July 16, 1996.

Important Note: All tests require that you look at the home from which the child was removed. The “removal home” is usually the home from which the child is physically removed, but if a child is not physically removed from the home of his parents or caretaker relative, the child’s living arrangements in the previous six months must be considered. If the child lived with a specified relative in the previous six months, the “removal home” to be considered is where the child most recently lived in the past six months. For example, if a child is physically removed from a neighbor’s home but had lived with a parent two months prior, his parent’s home is then considered the “removal home”.

The following AFDC eligibility conditions must be met and verified:

1. Age
2. Residence
3. Citizenship
4. Living in the home of a specified relative
5. Deprivation of the support of at least one parent
6. Benefit group
7. Need as determined by income and resources

1. Age

The child must be under the age of 18 to be eligible for IV-E funding. These funds are available only until a child reaches his/her 18th birthday. An exception is made for the foster child who is a full time student in a secondary school and can reasonably be expected to graduate before reaching age 19. Such students may continue to receive IV-E funds until graduation. Graduation plans may be verified by school records or collateral contact with a school official.

Documents that verify age include, but are not limited to:

- Birth certificate

- State or county Bureau of Vital Statistics Records
- Baptismal certificate
- Confirmation papers
- Hospital records
- School records
- Immigration or naturalization records
- Adoption records
- State or federal census records
- Family Bible
- Physician's statement
- Vaccination or health department record, if child is over one year of age
- Records of other agencies dated one or more years before application
- Midwife's record of birth or affidavit
- Affidavit from a person giving substantial evidence that the person has personal knowledge of the individual's age
- A physician's written statement estimating the age of the child. If there is conflicting information concerning age, it must be resolved.
- DSS 3249, Verification of Application for Social Security Number
- Court order

2. Residence

The residence of the parents or the specified relative with whom the child lived before placement must be in the state of South Carolina at the time of application, with the following exception. In some instances (e.g., abandonment), the parents' residence may not be in South Carolina, but once the child is left in SC, the child's residence is the one which must be verified. There is no duration of residence requirement nor is a fixed residence required.

Documents that establish residence include, but are not limited to, the following:

- Current SC driver's license
- Current highway department ID card
- Non-relative landlord's statement
- Rent/mortgage receipt
- Utility bills
- Employer's statement
- Current voter registration card
- Police records
- School records
- Court order
- Hospital records

3. Citizenship

In order to receive AFDC, an individual must be a citizen of the United States or an alien lawfully admitted.

The United States is defined as:

- a. One of the 50 states
- b. The District of Columbia
- c. Puerto Rico
- d. Guam
- e. U.S. Virgin Islands
- f. Northern Mariana Islands
- g. American Samoa Nationals
- h. Swains Island Nationals

An applicant's statement that he/she is a U.S. citizen will be verified only if questionable.

Acceptable forms of verification include:

- Birth certificate
- DHEC verification of birth date
- Hospital records showing the child was born in the U.S.

In addition to U.S. Citizens, certain aliens may be eligible to receive AFDC benefits.

The alien

status of the parent or responsible relative in the household should be determined. The U. S. Citizenship and Immigration Services (USCIS) documents are the primary source of verification of alien status.

Acceptable forms of verification include:

- Green Card issued by U. S. Citizenship and Immigration Services (USCIS)
- DSS Addendum, Declaration of U.S. Citizenship or Lawful Alien Status

4. Living in the Home of a Specified Relative

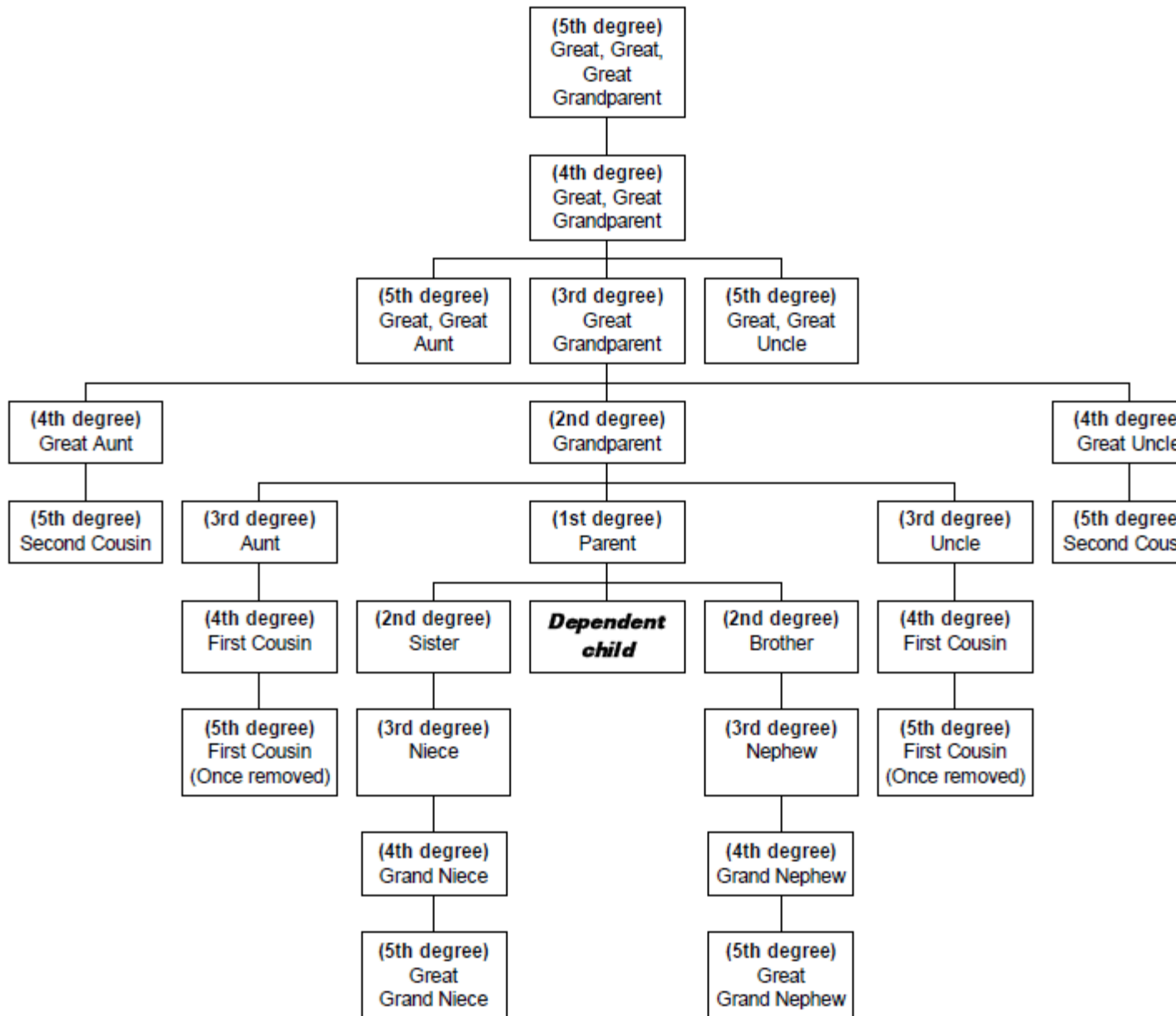
To qualify for AFDC and IV-E, a child must have lived with a parent or specified relative at the time of removal from the home or within the six months prior to removal. The home is considered to be the place of residence of the parent or specified relative whether it be a house, apartment, hotel, motel or shelter. There is no specified duration of time that the child must have lived with the parent or specified relative. This could have been a few days, months or years.

An infant placed in foster care upon release from the hospital after birth is eligible for IV-E provided all other eligibility criteria is met. A child who was a resident of a group home, hospital, DJJ facility, or other institution prior to being placed in DSS

custody could be eligible for IV-E if he/she lived with a parent or specified relative within six months of admission to the facility.

A specified relative is defined as any relation by blood, marriage or adoption who is within the fifth degree of kinship to the dependent child. This expanded interpretation now includes great-great-great grandparents and first cousins once removed (children of first cousins). See the “Fifth Degree of Kinship Chart” below.

FIFTH DEGREE OF KINSHIP CHART



A specified relative may include the following:

a. A blood relative such as father, mother, brother, sister, aunt, uncle, first cousin or

first cousin once removed (the parent's first cousin), niece or nephew. This includes persons denoted by prefixes of grand, great, great-great, or great-great-great;

b. Step-parent, step-brother, or step-sister;

c. Legally adopted parent or other relative named in the above groups whose relationship to the child's parent is established by legal adoption. Adoption establishes a legal relationship to a new set of relatives; or

d. Spouse of any person named in the above groups even after the marriage ended in death or divorce.

Even though a person may have been awarded legal guardianship or custody of a child, he/she is not eligible to receive AFDC for the child unless he/she is also a specified relative. Likewise, it is not necessary for a person to be a legal guardian or custodian to receive AFDC for a child if he/she is a specified relative. An alleged father (or his relatives) is not eligible to receive AFDC for a child until paternity has been established.

This criteria requires verification in two stages. It must be first confirmed that the child was related to the persons they lived with, and second, that they actually lived with that person(s). Sources of verification of relationship include but are not limited to:

- Birth certificate
- DSS-3249, Verification of Application for Social Security Number, completed and signed by a hospital official
- Insurance records
- DSS-1223, Request for Information from School Records
- DSS-1209, Statement of Paternity
- Marriage record
- Court action
- Baptism records
- Census records
- Age verification that specifies relationship
- Affidavit of physician, midwife or unrelated person who attended the birth
- DSS-1207, Vital Statistics Form

Sources of verification of "living with" the specified relative include but are not limited to:

- School and day care records showing the same address for the child and specified relative
- Statement of reliable person in a position to know where the child lives such as landlord, neighbor, physician, minister, etc.
- Personal observation of the casemanager

5. Deprivation of Parental Support or Care

To be eligible for AFDC and IV-E, the child must be deprived of the support or care of one or both parents based on continued absence, physical or mental incapacity, death, or the unemployment/underemployment of the Principal Wage Earner (PWE). Deprivation exists automatically for children adopted by a single parent or who were voluntarily placed with DSS.

Continued Absence

Continued absence of the parent from the home constitutes the reason for deprivation of parental support or care when:

- a. The parent is out of the home,
- b. The nature of the absence interrupts or terminates the parent's functioning as a provider of maintenance, physical care, or guidance for the child; and
- c. The absence precludes the parent's function in planning for the present support or care of the child.

There is no duration requirement to establish continued absence. Absence from the home due to employment or duty in the uniformed services does not constitute deprivation unless there is abandonment of the family.

Continued absence may be due to:

Desertion or abandonment

This occurs when a legally obligated parent abandons a child without legal arrangements, is not making contributions sufficient to support the child, or has made a willful attempt to terminate the parent/child relationship.

Desertion or abandonment may be verified through:

- The absent parent's present or former employer
- Last known or present address
- Telephone or other directories
- Statement of neighbors, friends, relatives, or others in position to know the facts as to the whereabouts of the parent
- Statement of rental agents and landlords as to whose name is on the rental agreement, who pays the rent, etc.

Divorce or legal separation

When a parent is absent due to divorce or legal separation, verification must be obtained from documents in the possession of the parents or from court records substantiating that a divorce or legal separation was granted to the parents of the child.

Incarceration

A child may also be considered deprived of parental support when the parent is

serving a sentence at home under the condition given below:

- a. The parent has been convicted of an offense and has been sentenced by the court;
- b. The sentence requires and the parent is performing unpaid community work during working hours; and
- c. The parent is permitted by the court to live at home while serving the sentence because of crowded jail conditions or other reasons in the public interest.

Incarceration can be verified by records from the court, police department, prison, and parole systems.

Incapacity

A child may be deprived due to the physical or mental incapacity of one or both parents. A child is considered deprived if both parents are in the home but at least one is physically or mentally incapacitated. The disability must be expected to last at least 30 days from the date the medical report is completed, and may be permanent or temporary, partial or total, as long as:

- a. The parent is unable to engage in his/her normal full-time occupation or other full-time work; and,
- b. The parent's ability to support the family or provide physical care or supervision of the child is limited.

Incapacity is verified by receipt of Social Security benefits, SSI or Veteran's benefits based on disability or blindness or an approval of disability by the Medical Review Team.

Death

A child may be deprived due to the death of one or both parents. If death cannot be verified, then continued absence is the deprivation factor. Death may be verified by:

- Death certificate
- Physician's report or statement
- Funeral director's statement
- Newspaper obituary
- Insurance company's records
- Hospital records
- Bureau of Vital Statistics records

Unemployed/Underemployed Parent

A child living in the home with both parents (biological or legal) who are not disabled can only be AFDC eligible if the principal wage earner is unemployed or underemployed. The principal wage earner (PWE) is the parent with the greater

amount of earned income in the preceding 24 months. Underemployed means the PWE has worked less than 100 hours in the last 30 days. The PWE must have been underemployed or unemployed for the last 30 days.

In addition to the above employment requirements, the PWE must be referred and apply for Unemployment Compensation Benefits (UCB) if eligible. Also, a recent connection to the work force must also be determined. This requirement may be met by one of the following:

1. PWE earned at least \$50 in the four years preceding removal of the child (date of application);
2. Participated in a job training program for six or more quarters within the four years preceding removal;
3. Received UCB within 12 months of removal;
4. PWE would have been eligible for UCB within one year prior to removal if he/she had applied.

The relationship to both parents must be verified in this situation. If the mother is legally married to someone else, the paternity of the alleged biological father living in the home must be established by court action prior to approval for AFDC-Unemployed Parent. The mother and child may be eligible for AFDC due to continued absence of the legal father in the meantime.

Verification sources for Unemployed/Underemployed Parent:

- Collateral contact with employer
- Wage stubs
- Self-employment records
- ESC records
- State/local income tax records

Single Parent Adoption/Voluntary Placement

For the adopted child of a single parent or a child who is voluntarily placed in foster care, the deprivation factor of continued absence is automatically established. Copies of the adoption records will verify a single parent adoption. If the adoptive parent marries after the adoption, the second parent is considered a step-parent, unless the second parent has also adopted the child.

6. AFDC Benefit Group

For purposes of considering whose income and resources must be counted against the eligibility standards, the benefit group must be determined. The benefit group is composed of individuals whose needs are included in one AFDC budget. The benefit group must include the dependent child, his/her biological or adoptive parents, and

any blood-related or adoptive siblings (including half-siblings) who resided in the home from which the child was removed (See Important Note under AFDC Eligibility heading). When the child is removed from the home of any other specified relative, that child may be considered the only individual in the benefit group.

A benefit group can consist of either of the following:

- a. Child(ren) and biological/adoptive parent(s); or
- b. A child or children only, with the caretaker relative not included. The payee relative would make application and receive the grant and must meet the relationship requirement.

For the family to be eligible, the application for the dependent child must include, if living in the same household and otherwise eligible for assistance;

1. Any natural or adoptive parent; and
2. Any blood related or adoptive brother or sister, including half-brothers or sisters.

The income and resources of the persons described in 1 and 2 above are counted in determining the eligibility of the benefit group. Other than this mandated composition, benefit groups should be formed to the advantage of IV-E eligibility.

Certain parents and siblings may be excluded if they are not eligible under other provisions. Examples are:

1. Individuals who receive SSI (Note: For IV-E Foster Care purposes, children who receive SSI are counted in the budget, but their SSI income is not. See guidelines regarding Income and Eligible, Not Reimbursable);
2. Aliens who would be eligible except for citizenship and alienage requirements;
3. Aliens who would be eligible except that they are sponsored by individuals or an agency;
4. Sanctioned individuals;
5. Individuals ineligible due to previous receipt of a lump sum payment. When the individual becomes eligible, he must be included in the benefit group; and
6. Children who do not meet the deprivation requirement.

A biological father is one:

- a. Whose paternity has been established by court action;
- b. Whose name is listed on the child's birth certificate or DHEC Bureau of Vital Statistics verification, provided the mother was not legally married to someone else at the time of birth; or
- c. Who has completed a statement acknowledging paternity, provided the mother was not legally married to someone else at the time of the birth. This statement must be signed by the alleged father, dated, and witnessed or notarized.

When the mother is legally married to another man, the paternity of the alleged

natural father can be established only through court action.

Refer to the AFDC/FS Policy Manual, Chapter 2, in effect July 16, 1996, for special situations regarding eligible members/benefit groups including step-parent and minor mother groups and how they should be handled.

7. Need Based on Income and Resources

Income

It must be shown that the income of the benefit group during the month the child was removed from the home was within AFDC guidelines in order for the child to be eligible for IV-E. (A child's income must not exceed 175% of the board payment.)

The Need Standard Table for AFDC which was in effect July 16, 1996, is the table used for establishing income eligibility. A mini-budget on the CHIP computer system is used to determine if the family meets the income requirements. (Refer to the AFDC/FS Policy Manual, Chapter 7, in effect July 16, 1996, for sources of income and how each are handled.)

If a child was living with someone other than a parent and it would be to his/her advantage to be considered a one-person household (see Benefit Group section above), only the income available to the child would be considered as income in determining IV-E eligibility (e.g., Child Support, Social Security benefits or Veteran's benefits paid for a dependent child). The income of the specified relative other than the parent (and other non-mandatory benefit group individuals living in the home of removal) would not be considered. If the child has income, but the caretaker relative does not, it may be to the child's advantage to include the caretaker and other relatives in the benefit group in order to access a higher standard of need.

For children who receive SSI, the amount of the SSI benefit is excluded when calculating the budget. This income is used to offset the cost of the board payment; therefore it is not considered income available to the child. These children are then ineligible for IV-E board payments (i.e., board payments are funded through another source), but do qualify for IV-E administrative cost claiming. (See guidelines regarding AFDC Benefit Group and Eligible, Not Reimbursable cases).

Resources

Resources are items owned by a person that can usually be turned into cash.

Resources are classified as liquid (e.g., cash on hand, checking/savings accounts, life insurance) or non-liquid (e.g., vehicles, non-homestead property). Resources are counted unless specifically excluded by AFDC policy or determined to be inaccessible to the benefit group. If a child was living with someone other than a parent and it would be to his/her advantage to be considered a one-person household (see Benefit Group section above), only the resources available to the child would be

considered in determining IV-E eligibility. The resource limit is \$10,000 for the family at initial determination. Effective April 2010, resources or income is no longer counted at review. Parental resources are not counted at review unless they are specifically made available to the child. (Deficit Reduction Act went into effective November 2005 establishing the increase in allowable assets for children and family in foster care.)

Refer to the AFDC/FS Policy Manual, Chapter 6, in effect July 16, 1996, to determine when and how to count resources.

C. Foster Care Placement

To be eligible for IV-E foster care funds, a child must be placed in a licensed foster family home, group home, private child care institution or public child care institution. In South Carolina, approved placement types (and computer codes) include: ES-Emergency Shelter, FH-Foster Home, FR-Foster Home (Relative), FT-Therapeutic Foster Home, GH-Group Home (facilities providing care for less than 10 children), IC-Child Care Institution (facilities providing care for 10 or more children), and IL-Independent Living. These placements qualify as long as they have a current license.

Public child care institutions that accommodate more than 25 children are not approved child care institutions for claiming IV-E reimbursement. (This includes John de la Howe, Opportunity School and School for Deaf and Blind.) Also, detention facilities, psychiatric hospitals, forestry camps, training schools, or any facility operated primarily for the detention of children who are determined delinquent are not considered to be IV-E approved child-care institutions.

One exception to the licensed placement requirement is that administrative costs only may be claimed on behalf of a child placed in a relative foster family home while the state is in the process of licensing that home. If the home is not fully licensed within the 120 day time frame for licensure of foster homes, the child is no longer eligible for administrative cost reimbursement.

If a child meets all the IV-E eligibility criteria at the time of removal except for placement, he/she can be approved for IV-E at a later date once the placement requirement has been met. For example, a child is placed in the unlicensed home of an aunt who is not seeking licensure as a foster home. The aunt later becomes a licensed foster home or the child is removed from the aunt's home and placed in a licensed foster home. At that point, the child could be approved for IV-E as he/she would meet all of the eligibility requirements.

D. Additional Requirements

In addition to the eligibility requirements previously addressed, the following procedures are required:

1. Social Security Registration
2. Child Support Referral
3. Medicaid Referral
4. Family Independence/Food Stamp Notification

1. Social Security Registration

If the child does not have a social security number, an application should be submitted to the Social Security Administration by the casemanager. Copies of social security cards, or at least social security numbers, must be obtained for all parents and other specified relatives in the home of removal.

A social security number may be verified by using one of the following:

- Social security card
- SDX listing
- Bendex System
- CIS or CHIP computer systems
- SS-5, Application for Social Security Card
- Any official document which includes the social security number

2. Child Support Referral

A referral to the Office of Child Support Enforcement (OCSE) must be made for all children who receive IV-E foster care payments, unless the child's case is an exception.

Exceptions to this referral requirement should be made for children:

- a. Whose biological or legal parents are deceased;
- b. Who were placed as a result of DSS 2648, Consent for Termination of Parental Rights and Adoption;
- c. Whose mother is in foster care;
- d. Whose alleged fathers have completed a DSS 3035, Denial of Paternity and Consent to Adoption;
- e. Who are freed for adoption or preadoptively placed;
- f. Whose parents have established good cause for non-support in accordance with AFDC regulations. Reasons for good cause may be:
 - o Physical and/or emotional harm to the child
 - o Physical and/or emotional harm to the mother/caretaker relative limiting his/her capacity to adequately care for the child
 - o Child conceived as a result of incest or forcible rape

- o Legal adoption proceedings are pending in court
- o A public or private social agency is assisting the parent to decide whether to keep the child or release him/her for adoption and discussion has not exceeded three months.

3. Medicaid Referral

An application for Medicaid must be completed immediately for every child who comes into foster care, and forwarded to the local Medicaid worker for an eligibility determination. Once the child is determined eligible for IV-E, or when a case changes from IV-E eligible to ENR, the IVE Coordinator will notify the local Medicaid supervisor so that the appropriate Medicaid payment category can be determined. When a child leaves foster care, the local casemanager should notify the local Medicaid staff.

4. Family Independence/Food Stamp Notification

When a child is removed from the home of an active Family Independence (FI) or Food Stamp (FS) case, the casemanager must notify the FI or FS worker in the local office within 10 days of removal. At that point, the FI/FS worker can remove the child from the FI/FS case on a timely basis.

E. Special Eligibility Status

Eligible Not Reimbursable

In certain cases, administrative costs of caring for a child may be claimed to IV-E, but board payments are not reimbursable. Note: Currently, only children receiving SSI, or children placed with a relative in the process of licensure, are eligible for administrative cost claims. The following situations are cases where children are classified Eligible, but Not Reimbursable (ENR's), regardless of current claiming status:

1. Initial Determination

- a. Child receives SSI
- b. Facility not licensed (but should be licensed by DSS)
- c. Non-reimbursable facility (e.g., DJJ, medical/psychiatric hospital, unlicensed relative placement)

2. Redetermination

- a. Child receives SSI
- b. Facility not licensed (but should be)
- c. Non-reimbursable facility (also includes runaways at redetermination)
- d. No longer meets age requirement

e. No reasonable efforts language within 12 months

In these case situations, any board payments which are made must be funded through other funding sources besides Title IV-E. At any point in which the situation changes (e.g., child is placed in a licensed foster home), the child becomes fully eligible for IV-E and his/her board payments may be claimed to IV-E.

These cases must be monitored very closely to act on changes in a timely manner.

Baby of a Minor Foster Child

If a child in foster care who is eligible for IV-E gives birth and the baby is placed with the mother in the foster or group home, the baby can receive a IV-E board payment without DSS having to take custody of the baby. The mother's board payment would be increased by submitting a Special Pay Request by established procedures to the state office. It is recommended that the minor parent's case plan include a plan for the baby and the needs and future plans of the infant be addressed at reviews and court hearings. If the mother and infant are separated, the infant can no longer receive a board payment and the agency must decide to take custody or make other arrangements for the care of the infant.

F. Eligibility Effective Date

A child becomes eligible for Title IV-E funding the first of the month in which all the eligibility requirements previously discussed have been met (i.e., judicial, AFDC, placement). For example, a child enters foster care on 7/30/01. All criteria is met except the judicial determinations. On 8/2/01, the Probable Cause Hearing is held and the court order contains all required language. The date of eligibility would be 8/1/01 as this is the first day of the month in which all criteria is met.

G Redetermination of IV-E Eligibility

A child's eligibility for Title IV-E must be redetermined every twelve months as long as the child remains in foster care and more often when a change occurs (especially changes in placement type, when a child is about to turn 18 years old, or if there is a change in SSI eligibility.)

To insure that a child remains eligible for IV-E funding, the Casemanager and State IV-E Coordinator will:

1. Check to see if the child meets the age requirement. If the child is 18 or about to turn 18, is a full time student in a secondary school or its equivalent, and is expected to graduate before age 19, obtain verification of this from the school.
2. Verify that the child is placed in a licensed facility (foster family home or group

home with less than 25 children).

3. Verify that the court order was obtained within 180 days of the date of placement if the child entered foster care as a result of a voluntary placement agreement.

4. Obtain a judicial determination of reasonable efforts to pursue the permanent plan within 12 months of coming into care or within 12 months of the last judicial determination.

H Change in Status Effective Date

When a child changes from IV-E eligible to ENR, this becomes effective the first of the month following the month in which the circumstance changed. When an ENR case becomes eligible for IV-E (board reimbursement), this becomes effective the first of the month in which the circumstance changed.

The following are examples of circumstances which could cause a change in status for IV-E funding for a child:

1. Child's eligibility for SSI changes.
2. Child is on runaway for a month or two.
3. Child is sent to a DJJ facility for several months.
4. Child is placed with a relative or returned home for a trial period or extended visit with DSS retaining legal custody. Placement disrupts within a few months and the child returns to a licensed facility.

During these temporary periods, the child would be put in ENR status and board payments would not be billed to IV-E. The child would go back on IV-E board payments once all eligibility requirements were met again provided legal custody remained with DSS the entire period.

I. Closing IV-E Eligibility

Once a child is initially determined eligible for IV-E, the only circumstance in which he/she will completely lose his/her eligibility is when:

1. Legal custody is returned to a parent or other caregiver; or
2. The child's adoption is finalized.

All other changes will result in a change of status between IV-E and ENR.

J Eligibility Effective Date

A child becomes ineligible for IV-E effective the end of the month in which the child leaves foster care (i.e., legal custody is returned to parents/other caregiver or adoption).

Referenced Documents

Social Security Act Title IV-B and IV-E, Section 472, SC Statute 63-7-1640

Revision Comments

IV-E requirements added

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care
Revision Number: 10-06

Effective Date: 10/06/2010

814 Initial Comprehensive Assessment: Medicaid and Non-Medicaid Eligible Child

This section contains information regarding payment and documentation for Initial Comprehensive Assessments for Medicaid and Non-Medicaid Eligible Children.

Primary Legal Basis:

PL 108-36 Child Abuse Prevention Act (CAPTA) includes referral to Early Intervention Programs (BabyNet).

PL 110-351 Fostering Connections to Success and Increasing Adoptions (2008), section 422(b)(15), amended the Social Security Act to add the requirement to develop a plan for ongoing oversight and coordination of health care services for children in foster care, including mental health and dental health needs, in coordination with the State Medicaid agency, pediatricians, general practitioners and specialists.

Medicaid Eligible Child

- The appointment is scheduled with a Medicaid provider, whenever possible, and the child's previous medical provider should be used if possible.
 - If scheduling with a Medicaid provider is not possible, County or Regional management should be consulted for payment options.
- The Comprehensive Medical Assessment (DSS-3057), or a comparable form, is obtained from the physician and filed in the child's record and a copy is filed in the Education and Health Passport.

Non- Medicaid Eligible Child

- The child's previous medical provider should be used, if possible.
- County or Regional management should be consulted for payment options.
- The Comprehensive Medical Assessment (DSS-3057), or a comparable form, is obtained from the physician and filed in the child's record and a copy is filed in the Education and Health Passport.

Referenced Documents

DSS Form 3057

Revision Comments

This section was renamed and includes information from 814.01.

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CHAPTER 8, Foster Care

Revision Number: 09-04

Effective Date: 05/14/2009

815 Placement Procedures for Special Needs Children

The following procedures must be followed in securing placement for a special needs child in therapeutic foster care, inpatient psychiatric care, a moderate or high management facility, supervised independent living, or residential treatment facility.

FC/IFCCS Worker

1. Locates appropriate placement for child with assistance from Intensive Foster Care and Clinical Services (IFCCS) Division.
 - a. Completes application form for the facility or child placing agency.
2. Completes ISCEDC packet and attaches a copy of the case summary and/or copies of any available psychological evaluations completed within the last year. The summary must include the most recent behaviors of the child.
3. Submits this application packet to IFCCS prior to the scheduled date of the local ISCEDC team staffing.
 - a. Places child only after receiving authorization from IFCCS and/or the ISCEDC team.
 - b. Processes paperwork for Medicaid and maintains the child on Medicaid as long as he/she is determined to meet the criteria for special needs.
4. Contacts IFCCS within one working day if the child becomes ineligible for Medicaid.
5. Conducts an ISCEDC team staffing to assess placement options:
 - a. Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the caregiver(s). Prospective caregivers shall not be denied the opportunity to provide care for a child based on the RCNO of the caregiver or the child.
 - b. Expressed placement preferences from the child or birth parent concerning RCNO shall not be considered.
 - c. Placement documentation must reflect the particular individualized needs of the child, the placement options for the child, justification describing why the selected caregiver is the most appropriate choice. RCNO of the child or

prospective family shall not be considered as a selection factor.

d. If the ISCEDC team determines that consideration of RCNO is necessary to advance the child's best interests, documents the rationale and all factors weighed in determining that considering RCNO would be in the Best Interests of the child, locates a licensed professional (child psychologist, child psychiatrist, clinical social worker or similar professional) to conduct an individualized assessment of the child's particular needs. Submits the following information to the licensed professional including:

- relevant background information concerning the needs of the child;
- psychologicals;
- a written explanation of MEPA/Title VI as it applies to foster care and adoptive placements (DSS 2533, MEPA Educational Materials);
- contact information for MEPA Plan Monitor (technical assistance regarding MEPA/Title VI as it applies to foster care and adoptive placements).

e. Has the licensed professional sign the acknowledgement (DSS Form 2534, Licensed Professional's Statement) that they have received a written explanation of MEPA/Title VI (as it applies to foster care and adoptive placements). If the written individualized assessment concludes that placement with a caregiver of a particular RCNO is in the child's best interests, the assessment must detail how this placement is in the child's best interests, and why doing so is the only way to achieve the best interests of the child. Submits the written assessment to the MEPA Coordinator in State Office, who submits it to OCR/ACF within seven (7) business days for review and comment. Even if the licensed professional determines that RCNO must be considered, and SCDSS reviews and agrees with this assessment, RCNO may not outweigh other considerations relevant to the best interests of the child. RCNO must be treated as no more than equal to all other relevant considerations;

f. Places child only after receiving authorization from IFCCS and/or the ISCEDC team.

g. Processes paperwork for Medicaid and maintains the child on Medicaid as long as he/she is determined to meet the criteria for special needs.

6. Cooperates with providers, attends all staffings and/or treatment planning meetings, including those requested to maintain Medicaid eligibility.

7. When a child has income:

a. funds are deposited in the county office and forwarded to the State Treasurer along with the deposit form and completed DSS Form - 1111 (Receipt) for each child.

8. Signs facility's confidentiality form.

9. Ensures the facility receives the child's Medicaid card.

10. Participates with the facility in completing the individual treatment plan in order to retain Medicaid eligibility.

11. Notifies IFCCS within three working days of any changes in the child's status or placement situation.

12. Staffs case with IFCCS for case management transfer if determined appropriate for transfer. See Section 822.1, Managed Treatment Services.

13. Documents all placements in CAPSS Placement screens. If transferred to IFCCS, end current worker assignment and begin new worker assignment.

**NOTE: Referrals for Difficulty of Care Board rates and placement assistance with Medically Fragile children are coordinated through local ISCEDC teams and State Office.*

Referenced Documents

DSS Form 1111

DSS Form 2533

DSS Form 2534

Human Services 822.01

Revision Comments

Item 5.a.-e, Language added to be in compliance with the MEPA.

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Revision Number: 09-04

Effective Date: 05/14/2009

815.01 Medically Fragile Children's Program (MFCP)

The MFCP is an all inclusive care program to serve Medicaid eligible children with chronic illnesses and disabilities who are in the custody of DSS. The goal is to enable the child and his/her family to deal with medical problems in a highly supportive, individualized, and flexible placement, thereby assisting the child in moving to a less restrictive foster care setting, return home, or be placed adoptively. Providers are specially recruited and trained to meet the individual needs of the children. The program is currently limited to certain geographic locations.

**Note: Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child unless an individualized assessment of the child reveals the need to do so. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider, and prospective caregivers may not be denied the opportunity to provide care on the basis of the child's or the caregiver's RCNO.*

FC/MTS Worker

1. Through consultation with MFCP staff or State Office MFCP liaison determines if the specific child has a medical condition or illness that meets the criteria for the program. If so,
 - a. completes the designated application, attaches all medical documentation and sends to MFCP staff in Program Development.
 - b. attends the assessment staffing conducted by MFCP project staff.

Note: If the child is accepted into the program, a specialized foster care worker may be assigned by the county to work more intensely with the child, provider, and MFCP project staff.

MFCP Staff and FC/IFCCS Staff

2. Develop a specific treatment plan for the child (Child and Family Service Plan, DSS Form 30231) within 30 days of acceptance into the program.
 3. Jointly participate in quarterly reviews of the treatment plan progress.
-

Referenced Documents

DSS Form 30231

Revision Comments

Note, language added to be in compliance with MEPA.

South Carolina Department of Social Services
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CHAPTER 8, Foster Care

Revision Number: 03-02

Effective Date: 09/02/2003

815.02 Difficulty of Care Board Rate

This section outlines the procedures to be followed to apply for Difficulty of Care Board Rate when a child in foster care has special needs that require the provider to perform duties above and beyond routine parenting.

FC/MTS Worker

1. Determines child has special needs and these needs require the foster parent to perform duties above and beyond those that are normally expected. (Example: A child who is medically fragile and requires numerous trips to the doctor, hospital, etc. and/or requires the foster parent to learn and apply medical techniques).
2. Completes the "Request for Difficulty of Care Board Rate" form along with a brief summary detailing the child's behavior and/or needs and submits to State Office Program Development.
 - a. Summary must identify the extra duties the foster parent is required to perform.
 - b. If child is receiving income, send a copy of documentation of eligibility and amount.

Program Development Unit

3. Reviews the application and summary.
 - a. Forwards to the Assistant Director of Program Development, who approves or denies and if approves, determines the board rate.
 - b. Notifies the county that the application has been or denied (and the reason for the denial) within 10 days on non-emergency applications.

FC/MTS Worker

4. Advises Program Development staff if child changes placements.
 5. Responds to and completes any requests for updates on the child's functioning as may be needed by Program Development.
-

Referenced Documents

Revision Comments

South Carolina Department of Social Services
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Revision Number: 09-04

Effective Date: 05/14/2009

815.03 HIV-Positive Foster Children and HIV-Active Foster Children

This section outlines procedures to follow when a foster child is diagnosed as HIV-Positive or HIV-Active.

**NOTE: In all situations that relate to the potential or confirmed diagnosis of HIV, the child's right to confidentiality must be maintained in that staff should only discuss the child's medical condition with medical providers and the direct caregivers for the child. In certain circumstances, varying degrees of HIV information may be shared with persons such as other member's of the provider's family or with school personnel, however, consultation with Office of General Counsel should be sought prior to release of this information.*

FC/MTS Worker

1. If needed, requests technical assistance for placement assistance from Program Development staff.
2. Follows all routine placement procedures as outlined in the Section 810.1. Potential providers must be made aware of the child's diagnosis and any required care giving training as required in the criteria for placement providers per contract with SC Community Long Term Care (CLTC) and SC Department of Health and Human Services (DHHS).

**Note: Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child unless an individualized assessment of the child reveals the need to do so. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider, and prospective caregivers may not be denied the opportunity to provide care on the basis of the child's or the caregiver's RCNO.*

3. Makes a referral to CLTC, immediately if child is HIV-Active. Includes diagnosis information.

**NOTE: In order for HIV foster children to be eligible for CLTC services and additional funding, certain placement criteria must be met that are established per contract between CLTC and DHHS.*

4. Submits a "Difficulty of Care Board Rate" form to Program Development. Include documentation of the child's diagnosis and any confirmation of any CLTC involvement.

**NOTE: HIV-Active foster children are also eligible for participation in the Medically Fragile Children's Program. See Section 815.1.*

Program Development Staff

5. Approves the referral and notifies the county or gives reasons for denial. Completes any required state forms and keys DCBR into CAPSS if needed.

FC/MTS Worker

6. Arranges a joint assessment visit with CLTC, if child is approved for their services and jointly develops a service plan, signing any needed forms.

7. Follows all other chapter procedures for monitoring the child's placement and case management issues involving compliance with permanency planning.

Foster Parent

8. As required by contract between CLTC, DHHS and DSS, completes the Foster Care Monthly Summary and forwards it to the county foster care worker by the second working day of each month.

FC/MTS Worker

9. Reviews the Foster Care Monthly Summary form for accuracy and forwards to Program Development staff, with a copy to CLTC, by the 5th working day of the month.

Program Development Staff

10. Reviews the forms to calculate reimbursement, enters the information on the specified HCFA forms to send to the Medicaid Process unit (along with a copy of the monthly summary) by the 7th working day of the month.

Referenced Documents

Human Services 810.01

Human Services 815.01

Revision Comments

Note, language added to be in compliance with MEPA.

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CHAPTER 8, Foster Care

Revision Number: 03-02

Effective Date: 09/02/2003

815.04 Foster Children at Risk of HIV

This section outlines procedures to follow when foster children have come into the agency's custody from situations that placed them at risk of HIV (e.g. children born to parents already known to be HIV-Positive, those who have been subjected to sexual abuse by multiple contacts, those who have engaged in intravenous drug use, etc.).

CPS/FC or MTS Staff

1. Sets up a supervisory staffing upon learning that a child entering care, or already in care, is at risk for HIV. The purpose of the staffing is to:
 - a. Determine the necessary steps to take in order to obtain a medical diagnosis that confirms or rules out a diagnosis of HIV, and to obtain this evaluation in a manner that is least traumatic for the child, and
 - b. Plan how to share the information with, and engage the placement provider, in assisting the department and the child with a continuing, supportive placement, and
 - c. Plan how much information to share with the age-appropriate child.
2. Consults with foster care program staff and/or Office of General Counsel as needed.
3. Upon receiving information that the child is HIV-Positive or HIV-Active:
 - a. Solicits all medical recommendations necessary to plan for the future medical treatment and home care precautions needed by the child, and
 - b. Follow up with the same task in 1, a - c above.
 - c. Cross reference Section 815.3.
 - d. Consult with foster care program staff and/or Office of General Counsel on proceeding with advising the child's parents.

Note: Public health officials are also responsible for notifying the parents.

 - e. Counseling should be arranged for the child, providers, and parents.
4. Upon receiving information that a diagnosis of HIV has been ruled out, determine if

there are any future medical tests or follow up needed. Inform the provider, parent, and age-appropriate child of this information.

5. In the situation of children who are voluntarily engaging in behavior that places them at risk, counseling should be arranged.

Referenced Documents

Human Services 815.03

Revision Comments

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

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Revision Number: 07-06

Effective Date: 01/30/2007

815.05 Children Exposed to the Manufacture of Methamphetamines

This section details the procedures for providing for the specialized needs of children exposed to the manufacture of methamphetamines. These procedures came from the South Carolina Drug Endangered Children Protocol (SCDEC Protocol) which was developed to help coordinate services among different agencies in South Carolina. The procedures listed below serve only as a guide for the tasks and responsibilities of the Agency. After law enforcement has taken emergency protective custody of a child, the CPS and/or FC worker must remain with the child through the medical assessment until they are appropriately placed. Because a child may have been exposed to hazardous chemicals there are special procedures that must occur (in addition to the basic services as outlined in Section 810.01 and Section 819):

CPS/FC Staff

1. Take age-appropriate clothing for the child due to the likelihood of clothing having been contaminated by hazardous chemicals.
2. Interview the parents and other adults (at the site) to collect health history information about the child. Document the information on: Form 4 - Medical Information and Form 5 - Medication for Children
(Until SCDEC Protocol Forms are available in the Master Forms Index, Common Non-DSS Forms, use copies of the forms that are included in the manual memo releasing this revision).
3. Confer with a Drug Enforcement Administration certified or hazmat-trained personnel (law enforcement will help identify these personnel) to be certain that the child has been **decontaminated**, prior to transporting the child to receive medical care.
4. Take the child to a medical provider for an immediate care assessment as soon as possible but no later than 6 hours of a child's removal from the scene of a methamphetamines lab. The medical facility to be used will depend upon the severity of the child's medical condition, the urgency of the problem, and the time of day. This initial screening needs to occur quickly because of the instability and volatility of certain hazardous chemicals and to be certain that the screening results are accurate as possible.

5 Provide the health care provider with forms in #2 (referenced above), the child's health records, medications and any health equipment used by the child.

6 Prior to selecting a foster care provider, be certain the provider has some information about caring for children exposed to a methamphetamine laboratory. Providers need to be asked to monitor the child's physical, emotional, developmental well being and to watch for any latent or unusual symptoms that may arise.

7. Arrange for completion of a mental health screening to be conducted between 24 and 48 hours of the child's entry into foster care. This service may be performed by a qualified mental health professional or a pediatrician.

8. Arrange for completion of a baseline medical assessment for the child within 24 to 72 hours of their entry into foster care. This assessment must be conducted by a provider affiliated with a regional child advocacy medical assessment center or a physician trained in SCDEC Protocol. Prompt medical assessment of a child is necessary due to the risk of toxicological, dermatological, neurological, respiratory, or other adverse effects to the child.

*Note: This medical assessment is much more intensive than a standard examination due to the child having been exposed to dangerous chemicals.

9. Provide the following form to the physician examining the child: Form 6 -Exam Information Form .(Until SCDEC Protocol Forms are available in the Master Forms Index, Common Non-DSS Forms, use copies of the forms that are included in the manual memo releasing this revision).

10. Within 30 days of the child's baseline medical assessment, arrange for a mental health evaluation. This evaluation must be conducted by a mental health professional, psychologist, or a licensed therapist.

11. Arrange for completion of a 30 day medical follow-up visit (from the child's baseline medical assessment) The assessment is to identify any latent symptoms and to provide appropriate intervention.

12. Arrange for completion of a follow-up medical assessment within 12 months of the baseline medical assessment. The comprehensive physical and laboratory exam must include: (1) liver function; (2) respiratory function (includes history of respiratory problems, asthma, recurrent pneumonia, check for clear breath sounds); (3) neurological evaluation (4) developmental screen.

13. Arrange for completion of a follow-up mental health evaluation within 12 months of the baseline medical assessment to identify any latent symptoms.

14. Document the activities in CAPSS.

Referenced Documents

SC Drug Endangered Children Protocol

Revision Comments

New Section - 12/06

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Revision Number: 03-02

Effective Date: 09/02/2003

816 Clothing Allowance

These procedures outline the steps necessary for a child to receive an initial and a quarterly clothing allowance.

Children in signed adoptive placements or state supported facilities are not eligible.

Foster Care Worker

1. Verbally authorizes the foster care provider to purchase up to \$100 of clothing initially upon placement in foster care and quarterly thereafter in accordance with the following guidelines:

a. Children who enter foster care during a quarter are eligible for an initial allowance during that quarter.

b. In order to be eligible for the quarterly allowance, the child must have been in care the last day of the previous quarter and in a licensed placement the month the allowance is granted.

Note: A child **should not receive an initial and a quarterly allowance in the same quarter.*

c. Children in the custody of the agency who have been reunited with their family are not eligible for an allowance.

2. If the child's worker is given the clothing allowance to shop for the child, the worker must obtain receipts to be filed in the child's record.

**Note: Foster parents and other providers are not required to submit receipts for expenditures. Counties may use canceled checks or signed vouchers as proof that the foster parent received the allowance.*

Supervisor

3. Coordinates as requested by MTS and Adoption offices to ensure that allowances are provided to children they are serving.

Designated County Staff

4. Submits the quarterly clothing allowance financial report via the “Financial Reporting of Human Services Funds” form by the fifth working day following the end of the quarter to State Office Program Development unit in order to receive the count’s quarterly allotment. This report should include:

- a. the beginning balance in the fund for the first day of the quarter,
- b. the ending balance on the last day of the quarter,
- c. the number of children served for the quarter,
- d. the estimated number of new cases eligible for the initial allowance in the next quarter, and
- e. the estimated number of cases eligible for the next quarterly allowance.

5. Requests additional funds, with justification for the increase, from Program Development if needed during the quarter.

Referenced Documents

Revision Comments

South Carolina Department of Social Services
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CHAPTER 8, Foster Care
Revision Number: 09-06

Effective Date: 12/10/2009

817 Emergency Shelter Care

This section contains procedures to be followed when a **DSS** foster child is placed in an emergency shelter.

Primary Legal Basis:

Social Security Act, Title IV-E, Section 475: Appropriateness of placement and permanency planning requirements.

Multietnic Placement Act (MEPA) of 1994 includes requirements that race, color, or national origin are not considered in the placement selection process.

Use of Emergency Shelters

1. The emergency shelter must be a licensed facility which accepts children on a 24 hour a day basis for limited periods of care.
2. The best interests of the child must always be considered when making a placement decision.
3. Emergency shelters are used for emergency situations and should not be used for respite care.
4. A worker should not move a child from one shelter to another. If extenuating circumstances should arise that necessitate such a move, it must be approved by the County Director and reported to the Community Services Regional Manager.
5. Shelters that close during certain times of the year should not be used for placement if the shelter will close at any point during the child's stay necessitating another move for the child.
6. Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child, unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider and providers may not be denied the opportunity to provide care on the basis of the RCNO of the child or the provider.

Appropriateness of Shelter Placement

7. Federal requirements regarding appropriateness of placement necessitate use of the least restrictive family like setting that meets the needs of the child. Emergency Shelters are not considered appropriate for children under age 12 unless it allows siblings to remain together while the worker is making a concerted effort to place the siblings together in a more permanent family like setting that is consistent with the needs of all the siblings (Ref. Section 819, #2).

Length of Placement

8. Emergency shelter care is limited to 45 days unless an extension of no more than 30 days is authorized in writing by the County Director.

9. The maximum stay in an emergency shelter cannot exceed 75 days, unless a further extension for good cause is approved in writing by the Deputy Director of Community Services.

Authorizing Emergency Shelter Placement

10. The shelter administrator is contacted to determine if a vacancy is available for the child needing emergency shelter care.

11. When the child is placed in a shelter, **all** available information on the child, reason for placement, and **any information on the family that could affect the child's safety**, is provided to the staff.

12. **DSS 30247, Emergency Shelter Placement Authorization**, is completed at the time of placement. **The original DSS 30247 is given to the facility and a copy is filed in the case record of each child placed.**

13. The emergency shelter placement is documented in the placement section of the CAPSS database.

Follow - Up

14. An **immediate** search **is initiated** for an appropriate placement resource for the child. Any relevant information such as progress reports, medical exams, etc., is obtained in order to coordinate appropriate placement arrangements.

15. Additional relevant information is provided to the shelter as it becomes available to ensure proper care for the child.

16. CAPSS is updated as necessary.

Contact Frequency

17. Weekly contact with the child is required and face-to-face visits are

required every other week during the child's entire placement at the emergency shelter.

Placement Extension

18. Reasons for requesting an extension include the possibility of reunification within the extended time period or a need for additional time to complete an assessment of the child in order to make an appropriate placement. An extension may be granted in order for the child to complete the school year if that school year ends within the 30 day extension period.

19. If it is necessary to extend the shelter placement beyond 45 days, a written request and justification is submitted to the County Director for approval. The extension is limited to the shortest period possible to meet the needs of the child but no more than 30 days.

20. If circumstances arise that indicate an additional extension beyond 30 days would be in the child's best interests, a written request and justification must be submitted through the County Director to the Deputy Director of Community Services for written approval.

21. If an extension is granted:

a. Clearly document the following in CAPSS in the child's file:

- i. the extension approval, including the reasons for the extension,
- ii. the plan for placement of the child at the end of the extension period.

b. Notify the shelter of the extension approval.

Referenced Documents

Social Security Act, Title IV-E, Multiethnic Placement Act (MEPA) of 1994, DSS 30247 Emergency Shelter Placement Authorization

Revision Comments

Added the legal basis, Items 8 and 9 - revised limitations on the allowable length of stay in an emergency shelter placement, items 19 and 20- revised procedures for requesting extension of placement, item 17-revised worker/child contact frequency

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Revision Number: 09-04

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818 Service Planning for Foster Care

Service planning includes assessing for safety and risk of abuse and neglect for children in foster care, the completion of a thorough needs assessment that identifies the services the family needs for reunification, and the specific services the child needs while in an out-of-home placement. Children, regardless of age, have specific needs that must be included in the plan. Planning for children, age 13 to 21, must include the provision of services to prepare the child for independent living.

Team decision-making requires that service planning participants include the parent(s) or guardian from whom the child was removed, the non-custodial parent(s), the child, and any agency personnel or other individual who will provide services or support needed to implement the plan. An ongoing diligent search must be made for any absent parent (specifically biological and/or legal fathers) upon the child's initial entry in foster care. The Guardian Ad Litem assigned to the child should be involved to the maximum extent possible in planning and evaluation in accordance with the Guardian's legally mandated duties (S.C. Code of Laws, 20-7-122, 20-7-124, 20-7-125). The foster parents should be involved in team decision making as related to the needs of the child in their care and should be participants in any team meetings if the parents consent to their presence at the meetings.

If placement planning is an issue, neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child, unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider and providers may not be denied the opportunity to provide care on the basis of the RCNO of the child or the provider. Expressed placement preferences from the child or birth parents concerning RCNO shall not be considered in foster care placements

*Note: If the parent(s) is/are represented by an attorney, they may request their attorney to be present at any meetings that they have been invited to.

Team decision-making and service planning are documented through the development of a comprehensive placement/treatment plan for the child and parent in the Child and Family Assessment Service Plan. A permanent plan is to be developed for each foster child prior to the Removal Hearing (refer to Section 818.05). Completion of these forms (or the Total Service Planning forms if the child is in MTS) will meet state and federal legislation as well as Medicaid billing requirements.

S.C. statute (S.C. Code of Laws, 20-7-764) requires that a placement/treatment plan be presented at the removal hearing. The evaluation process of a case should occur on an on-going basis. Cases should be evaluated to determine if the plan is working. Services provided to families and children should be reviewed to determine they match the needs identified in the Child and Family Risk Assessment Tool (DSS Form 30231). The parents and the child, if age appropriate, should be involved in the evaluation. Evaluations should also be conducted whenever there is a transfer between program areas, when there is a major change in the family (or risk of abuse and neglect is reduced), if a new report of abuse is received, at a case decision points (unsupervised visitation, return home, etc.) using the Child and Family Risk Assessment Tool.

Service planning requires that the Child and Family Service Assessment (DSS Form 30231)) be updated at least every six months, when the case evaluation indicates a change in circumstance, when the time frame expires, or when changes in the case circumstances occur (such as new allegations). Any needed updates not consistent with the court order must be reviewed by the court unless parents agree to the revisions and the revisions are approved by the court (see Section 20-7-764). New allegations and findings which require additional services will require court sanction if the parents will not agree. (Under MTS, a child's case is reviewed monthly and the Total Service Plan is updated as necessary but at a minimum of every six months.). **Note: Reference Section 820.1.*

Referenced Documents

DSS Form 30131
DSS Form 30132
DSS Form 30133
DSS Form 30231
Human Services 820.01
SC Code 20-7-122
SC Code 20-7-124
SC Code 20-7-125
SC Code 20-7-762
Section 818.05

Revision Comments

3rd paragraph, inserted language to be in compliance with MEPA.

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Revision Number: 12-04

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818.01 Assessing Whether to End Reasonable Efforts for Reunification and Proceed to Termination of Parental Rights

This section details specifics of state statute that must be followed in order to forego reasonable efforts. Also included are procedures to be followed when reasonable efforts have been exhausted or are not required as explained below, and a plan other than return home needs to be made for a child entering, or already in, foster care.

Departmental Values

All children in DSS custody deserve timely permanency. Those children who have been repeatedly or severely abused or neglected, or whose parents have committed certain criminal acts as set forth in SC.Code of Laws § 63-7-1640, must have their parent's parental rights terminated quickly to allow them to move toward permanency.

What Children and Youth are Affected by This Policy

Every child's foster care case must be evaluated to determine if foregoing reasonable efforts to reunify with the birth family is in the child's best interest.

Operational Impact

Children who have suffered significant or severe abuse will not linger in the foster care system while the criminal courts, the agency, and the family court attempt to rehabilitate or prosecute the birth parents. The agency will work diligently to identify adoptive parents for the child upon entry into the foster care system. The agency will seek services to help the child deal with past abuse and neglect and to accept permanency in a safe and stable family.

Procedures to Accomplish

Details regarding "reasonable efforts" as described in state statute are included in this section.

Reasonable Efforts

"Reasonable efforts" can be defined as the exercise of ordinary diligence and care by the agency to utilize all preventive and reunification services in the community which are necessary to enable the child to live safely at home. It

includes measures made by the department to prevent removal of the child and to preserve and reunify the family if removal cannot be avoided. The services provided must be reasonably available and timely, reasonably adequate to address the needs of the family, reasonably adequate to protect the child, and realistic under the circumstances.

Reasonable Efforts Are Required

SC law requires the agency to make reasonable efforts to preserve or reunify a family and requires the family court to determine whether these reasonable efforts have been made. While the agency is required to make reasonable efforts to prevent removal or to reunify the family, the child's health and safety is the paramount concern.

Exceptions to the Reasonable Efforts Requirement

The circumstances of the child's removal and/or history in care are reviewed to determine if the county should ask the court to authorize the agency to terminate or forego reasonable efforts for reunification. According to agency protocol, the supervisor must review the case to ensure that the selected permanency plan is appropriate prior to submission of the plan to court. Recommendations to the court include an explanation as to whether termination of reasonable efforts to reunite is in the child's best interests. Any decision about whether to forego or terminate reasonable efforts is staffed with the county attorney.

The court may authorize the agency to terminate or forego reasonable efforts if the court determines that one or more of the following conditions exist and the court determines that terminating or forgoing reasonable efforts is in the best interests of the child. [A court of competent jurisdiction has determined that:](#)

- (1) the parent has subjected the child or another child while residing in the parent's domicile to one or more of the following aggravated circumstances:
 - (a) severe or repeated abuse;
 - (b) severe or repeated neglect;
 - (c) sexual abuse;
 - (d) acts the judge finds constitute torture; or
 - (e) abandonment;
- (2) the parent has been convicted of or pled guilty or nolo contendere to murder of another child, or an equivalent offense, in this jurisdiction or another;
- (3) the parent has been convicted of or pled guilty or nolo contendere to

voluntary manslaughter of another child, or an equivalent offense, in this jurisdiction or another;

(4) the parent has been convicted of or pled guilty or nolo contendere to aiding, abetting, attempting, soliciting, or conspiring to commit murder or voluntary manslaughter of the child or another child while residing in the parent's domicile, or an equivalent offense, in this jurisdiction or another;

(5) physical abuse of a child resulted in the death or admission to the hospital for in-patient care of that child and the abuse is the act for which the parent has been convicted of or pled guilty or nolo contendere to committing, aiding, abetting, conspiring to commit, or soliciting:

(a) an offense against the person, as provided for in Title 16, Chapter 3;

(b) criminal domestic violence, as defined in Section 16-25-20;

(c) criminal domestic violence of a high and aggravated nature, as defined in Section 16-25-65; or

(d) the common law offense of assault and battery of a high and aggravated nature, or an equivalent offense in another jurisdiction;

(6) the parental rights of the parent to another child of the parent have been terminated involuntarily;

(7) the parent has a diagnosable condition unlikely to change within a reasonable time including, but not limited to, alcohol or drug addiction, mental deficiency, mental illness, or extreme physical incapacity, and the condition makes the parent unable or unlikely to provide minimally acceptable care of the child;

(8) other circumstances exist that the court finds make continuation or implementation of reasonable efforts to preserve or reunify the family inconsistent with the permanent plan for the child.

The court must not consider the availability or lack of an adoptive resource as a reason to deny the request to terminate or forego reasonable efforts.

Family Court Rulings

The following notes are for information only and should not require action by the worker.

- If the court authorizes the department to forego or terminate reasonable efforts, the court must make specific written findings in support of its conclusion that one or more of the conditions set forth in 1 through 8 above, exist, and why continuation of reasonable efforts is not in the best interest of the child.

- If the court does not authorize the department to terminate or forego reasonable efforts where one or more of the conditions set forth in 1 through 8 above are shown to exist, the court must make specific written findings in support of its conclusion that continuation of reasonable efforts is in the best interest of the child.
- The family court may rule on whether reasonable efforts to preserve or reunify a family should be required in hearings regarding removal of custody, review of amendments to a placement plan, review of the status of a child in foster care, or permanency planning or in a separate proceeding for this purpose.
- The court may consider whether to dispense with reasonable efforts upon the motion of a named party, the child's guardian ad litem, or the foster care review board, provided that the foster care review board has reviewed the case (as authorized by SC Statute 63-11-720) or the child has a previous entry into foster care.

Additional Information

- The case is discussed with county attorney to finalize legal actions necessary. If a judge authorizes DSS to terminate reasonable efforts at any type of hearing other than a permanency planning hearing, the court's order shall require a permanency planning hearing be held within thirty days of the date of the order.
- A petition for termination of parental rights shall be filed within sixty days when the court authorizes the department to terminate or forego reasonable efforts to preserve or reunify a family, unless there are compelling reasons why termination of parental rights would be contrary to the best interests of the child.
- DSS is not required to ask the court for permission to terminate reasonable efforts before proceeding with another permanency plan for a child. DSS may develop a concurrent plan other than return home, may file for termination of parental rights, or may select a permanency plan other than return home without first asking for permission to forego or end reunification efforts, unless a court order in the case requires prior approval by the court.

Grounds For Termination of Parental Rights

The case is reviewed with the county attorney to determine whether termination of parental rights should be pursued. If one or more of the following grounds exist **and** the termination is in the child's best

interests, the family court may order the termination of parental rights. DSS should decide whether termination of parental rights is appropriate by assessing whether DSS can prove one of the grounds and whether DSS can prove that termination is in the best interests of the child . The grounds for terminating parental rights are:

(1) The child or another child while residing in the parent's domicile has been harmed as defined in Section 63-7-20, and because of the severity or repetition of the abuse or neglect, it is not reasonably likely that the home can be made safe within twelve months. In determining the likelihood that the home can be made safe, the parent's previous abuse or neglect of the child or another child may be considered.

(2) The child has been removed from the parent pursuant to Subarticle 3 or Section 63-7-1660, has been out of the home for a period of six months following the adoption of a placement plan by court order or by agreement between the department and the parent, and the parent has not remedied the conditions which caused the removal.

(3) The child has lived outside the home of either parent for a period of six months, and during that time the parent has wilfully failed to visit the child. The court may attach little or no weight to incidental visitations, but it must be shown that the parent was not prevented from visiting by the party having custody or by court order. The distance of the child's placement from the parent's home must be taken into consideration when determining the ability to visit.

(4) The child has lived outside the home of either parent for a period of six months, and during that time the parent has wilfully failed to support the child. Failure to support means that the parent has failed to make a material contribution to the child's care. A material contribution consists of either financial contributions according to the parent's means or contributions of food, clothing, shelter, or other necessities for the care of the child according to the parent's means.

The court may consider all relevant circumstances in determining whether or not the parent has wilfully failed to support the child, including requests for support by the custodian and the ability of the parent to provide support.

(5) The presumptive legal father is not the biological father of the child, and the welfare of the child can best be served

by termination of the parental rights of the presumptive legal father.

(6) The parent has a diagnosable condition unlikely to change within a reasonable time including, but not limited to, alcohol or drug addiction, mental deficiency, mental illness, or extreme physical incapacity, and the condition makes the parent unable or unlikely to provide minimally acceptable care of the child. It is presumed that the parent's condition is unlikely to change within a reasonable time upon proof that the parent has been required by the department or the family court to participate in a treatment program for alcohol or drug addiction, and the parent has failed two or more times to complete the program successfully or has refused at two or more separate meetings with the department to participate in a treatment program.

(7) The child has been abandoned as defined in Section 63-7-20.

(8) The child has been in foster care under the responsibility of the State for fifteen of the most recent twenty-two months. ([See "Calculating 15 of the Most Recent 22 Months" below](#))

(9) The physical abuse of a child resulted in the death or admission to the hospital for in-patient care of that child and the abuse is the act for which the parent has been convicted of or pled guilty or nolo contendere to committing, aiding, abetting, conspiring to commit, or soliciting an offense against the person as provided for in Title 16, Chapter 3, criminal domestic violence as defined in Section 16-25-20, criminal domestic violence of a high and aggravated nature as defined in Section 16-25-65, or the common law offense of assault and battery of a high and aggravated nature.

(10) A parent of the child pleads guilty or nolo contendere to or is convicted of the murder of the child's other parent.

(11) Conception of a child as a result of the criminal sexual conduct of a biological parent, as found by a court of competent jurisdiction, is grounds for terminating the rights of that biological parent, unless the sentencing court makes specific findings on the record that the conviction resulted from consensual sexual conduct where neither the victim nor the actor were younger than fourteen years of age nor older than eighteen years of age at the time of the offense.

Termination of Parental Rights Requirements

In the circumstances described below, state law (Section 63-7-1710), requires DSS to file a petition for termination of parental rights or join in a petition, unless the case falls into one of the exceptions also described below.

When a child is in the custody of the department, the department shall file a petition to terminate parental rights or shall join as party in a termination petition filed by another party if:

- (1) a child has been in foster care under the responsibility of the State for fifteen of the most recent twenty-two months;
- (2) a court of competent jurisdiction has determined the child to be an abandoned infant;
- (3) a court of competent jurisdiction has determined that the parent has committed murder of another child of the parent or has committed voluntary manslaughter or another child of the parent;
- (4) a court of competent jurisdiction has determined that the parent has aided, abetted, conspired, or solicited to commit murder or voluntary manslaughter of another child of the parent;
- or
- (5) a court of competent jurisdiction has determined that the parent has committed a felony assault that has resulted in serious bodily injury to the child or to another child of the parent.

Concurrently with filing of the petition, the department shall seek to identify, recruit, process, and approve a qualified family for adoption of the child if an adoptive family has not yet been selected and approved.

The requirements above do not apply:

- (1) to a child for whom the family court has found that initiation of termination of parental rights is not in the best interests of the child, after applying the criteria of Section 63-7-1700(C), (D), (F), or (G) and entering the findings required to select a permanent plan for the child from Section 63-7-1700(C), (D), (F), or (G). For this exemption to apply, the court must find that there are compelling reasons for selection of a permanent plan other than termination of parental rights;
- (2) if the family court finds that the department has not afforded services to the parents provided for in the treatment plan approved pursuant to Section 63-7-1680 in a manner that was consistent with the time periods in the plan or that court hearings

have been delayed in such a way as to interfere with the initiation, delivery, or completion of services, but only if:

- (a) the parent did not delay the court proceedings without cause or delay or refuse the services;
- (b) successful completion of the services in question may allow the child to be returned as provided for in Section 63-7-1700(F) within the extension period; and
- (c) the case is not one for which the court has made a determination that reasonable efforts to preserve or reunify the family are not necessary pursuant to Section 63-7-1640.

Reasons Why the Agency May Elect Not To File TPR:

The Agency may elect **not** to file or join a petition to terminate the parental rights of a parent of this section if:

- a. at the option of the Agency, the child is being cared for by a relative;
- b. the Agency has documented in the case plan (which must be available for court review) a compelling reason for determining that filing such a petition [a TPR petition] would not be in the best interests of the individual child; or
- c. the Agency has not provided to the family, consistent with the time period in the case plan, services that the Agency deems necessary for the safe return of the child to the home, when reasonable efforts to reunify the family are required.

Calculating 15 of the Most Recent 22 Months

The petition for termination of parental rights must be filed by the end of the child's 15th month in foster care as defined at section 475(5)(F) of the Act which states that a child shall be considered to have entered foster care) on the earlier of:

- (1) the date of the first judicial finding that the child has been subjected to child abuse or neglect; or
- (2) the date that is 60 days after the date on which the child is removed from the home.

In calculating when to file a petition when a child has been in care 15 of the most recent 22 months, the petition must be filed by the end of the child's 15th month in foster care. The agency:

- i. will calculate the 15 out of the most recent 22 month period from the date the child entered foster care.
- ii. will use a cumulative method of calculation when a child experiences multiple exits from and entries into foster care during the 22 month period;
- iii. will not include trial home visits or runaway episodes in calculating 15 months in foster care; and

iv. only applies the “15 out of 22” requirement of the Act, section 475(5)(E), to a child once if the state does not file a petition because one of the exceptions applies.

Staffing with Adoptions

The assigned worker initiates concurrent planning with the county attorney and adoption staff to facilitate completion of adoption assessment (if needed or required).

Results of a thorough adoption assessment must be included in any supplemental report for a permanency planning hearing per SC Statute 63-7-1700.

Follow-Up

Case information is prepared by the assigned worker as needed/directed by county attorney within time frames prescribed by the attorney.

The worker attends and participates in any scheduled hearing.

The case is staffed as needed by workers, supervisors, and the attorney to carry out the order of the court, or to seek redress.

Legal Case Management System (LCMS) updates CAPSS.

Overview of Statutes/Regulations

SC Statute 63-7-1640. Procedures and requirements for family preservation and reunification.

SC Statute 63-7-1660. Services with removal.

SC Statute 63-7-2570. Grounds for termination of parental rights.

SC Statute 63-7-1710 Standards for terminating parental rights

Related Policies

810.01.02 Development of the Initial Case Plan

SC Statute 63-11-720, SC Statute 63-7-1640, SC Statute 63-7-1660, SC Statute 63-7-1700, SC Statute 63-7-2570.

Revision Comments

Reformatted this section, added details of calculating 14 out of the most recent 22 months.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 07-06

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818.02 Parents Who Abuse or Are Addicted to Controlled Substances or Alcohol

This section presumes a substance abuse problem has been identified with the parent(s) and focuses on possible court action involving biological parents who are addicted to, or are abusive of controlled substances. Also review Section 817.01 on Reasonable Efforts.

**NOTE: Treatment programs comprise a variety of services including but not limited to: inpatient treatment services, extended care/support services, alcohol and treatment programs, also referenced in S.C. Children's Code 20-7-765.*

For youth exposed to the manufacture of methamphetamines, refer to the specialized services and tasks described in Section 815.05.

Family Court

1. May require the following of parent(s) if removal was made because of the addiction of the parent or abuse of a controlled substance by the parent.
 - a. Successful completion of a treatment program operated by the Department of Alcohol and other Drug Abuse Services or related treatment program; or
 - b. Successful completion of a treatment program by any other person living in the home who has been determined by the court to be addicted to or abusing controlled substances or alcohol and whose conduct has contributed to the parent's addiction or abuse of controlled substances; or
 - c. Successful completion of an inpatient treatment program; or
 - d. Ongoing participation in an aftercare and support program (e.g. Alcoholics Anonymous, etc.) for a specified period of time; or
 - e. May require compliance and successful completion of a treatment program as outlined by a drug court or other court which may include long-term counseling, sanctions, incentives, confinement or other requirements; or
 - f. Parent(s), or other person, or both must submit to random drug testing for a period of time to be determined by the court before the child's return. Random testing will continue and individuals must be drug free for a

period of time to be determined by the court after the child's return and before case closure; and

g. Results of such tests are admissible only in Family Court proceedings brought by the agency.

Foster Care/MTS Worker

2. Advises family that failure to participate or complete two or more treatment programs can result in a judicial recommendation of termination of parental rights, if agency brings a TPR action.

Referenced Documents

Human Services 817.01

Human Services 818.015

S.C. Code of Laws 20-7-765

Revision Comments

Note, reference added for children exposed to methamphetamine laboratories. 12/06

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

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818.025 Conducting an Initial Family Meeting

This section outlines guidelines for conducting an initial Family meeting for children initially entering foster care.

Note: If the parent(s) is/are represented by an attorney, they may request their attorney to be present at this meeting.

FC/MTS Worker

1. Schedules and facilitates a family meeting within 24 hours but no later than 3 days of the child's initial entry into foster care. (Reference SC Code of Laws, Section 20-7-610).
 2. Invites the following to the meeting: parents or legal guardians of the child, children (as appropriate), friends and relatives and members of the family shall be invited upon the approval of the parents, DSS supervisor (CPS and FC), DSS worker (CPS and FC), foster parents or group care providers.
 - *Note: Do not delay conducting a meeting if the foster parents cannot or will not attend this initial meeting. Obtain their input and present this information during the meeting.
 3. Reviews the following during the meeting: the allegations regarding the child's entry into foster care, date of the first visit if it's not contrary to interests of the child (refer to Section 819 #8 for guidelines regarding if visitation is appropriate), personal belongings significant to the child, frequency of visitation for the parents and siblings, if siblings are placed together in the same foster home (if applicable), concurrent or alternative permanent plan, and the needs of the child (includes medical, physical, educational, mental health, etc.).
 4. Attempts to create an open atmosphere in which all parties in attendance feel like they have an opportunity to provide input into the meeting.
 5. Distributes the [Attendance List and the Endorsement Sheet \(Child and Family Assessment Service Plan, DSS Form 30231\)](#) to everyone in attendance and encourage them to sign the attendance sheet. If a parent refuses to sign the forms, document that they were presented with the information. Document that the parents refused to sign at the bottom of the forms and in CAPSS (dictation).
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Referenced Documents

SC Code of Laws, Section 20-7-610

DSS form 30231

Revision Comments

New section. 12/04

Item 5, Attendance List and Endorsement Sheet substituted for Case staffing form. 8/05

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CHAPTER 8, Foster Care

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818.03 Conducting a Planning Conference Prior to Removal Hearing

Referenced Documents

Revision Comments

South Carolina Department of Social Services
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818.04 Removal Hearing and Post-Hearing Planning Conferences

These procedures outline possible court action during the removal hearing and necessary steps to prepare for and conduct planning conferences after the removal hearing.

Note: If the parent(s) is/are represented by an attorney, they may request their attorney to be present at this meeting/conference. See Section 20-7-764 (Children's Code).

Family Court

1. Per South Carolina Statute Section 20-7-764, the court may approve the Placement/Treatment Plan if it:
 - a. is consistent with the court order placing the child in the custody of the Department;
 - b. is consistent with the requirements for the content of a placement plan (Reference Section 820.1);
 - c. includes parental participation or reasonable efforts by the agency to secure participation; and
 - d. is meaningful and addresses circumstances upon which court based the removal decision
2. Shall require that necessary amendments to the plan be submitted within 7 days if aforementioned criteria are not met.
3. Advise the family that failure to substantially accomplish objectives stated in the plan within time frames may result in termination of parental rights.

Foster Care/MTS

4. Immediately gives copy of plan to parents or guardian of child, and any other parties identified by the court including the child, if the court determines this action to be appropriate. If not given to the child, age appropriate information shall be provided to the child, unless the court concludes that this would not be in the child's best interest.
5. Gives copy of any part of the plan directly pertaining to foster parent or the foster

child to the foster parents.

Family Court

6. Amends the plan if all parties agree and the amendments are submitted to the court with a written explanation for proposed changes and the court concurs; or
7. May amend the plan after a hearing demonstrating the need for the change.

Foster Care/MTS

8. Immediately sends a copy of the amended plan to all involved parties.
9. Reviews the case file and court orders, including the court ordered placement plan [and the Child and Family Service Assessment Form, DSS Form 30231](#).
10. Staffs case with supervisor.

Foster Care Worker

11. Coordinates team decision-making planning conferences, shares information and assists with identifying issues and obtaining information to be presented at the conference. Information should be obtained from all providers involved with the child or family.
12. Notifies Guardian Ad Litem, CPS worker, Foster care supervisor, CPS supervisor, parent(s) or guardian, the foster caregiver and the child (if appropriate) of the scheduled conference to facilitate joint decision making. The foster parent and involved family members may attend the meeting if the parents consent to their presence.

FC/MTS Supervisor

13. Conducts a review of the child's case record within six (6) months of the child's entry into foster care using the Foster Care Supervisory Review Checklist/Staffing Guide to assess for timely permanency and implement follow up actions and timeframes as needed. The completed checklist must become a part of the child's record. Following the initial review, subsequent reviews are to be conducted on at least an annual basis.

FC/MTS Worker

14. Involves the child's Guardian Ad Litem in all planning conferences, when possible.
15. Documents case conferences in CAPSS Dictation screen for specific child and family.

Referenced Documents

Human Services 820.01

S.C. Code of Laws 20-7-764

Section 810.01

DSS Form 30231

Revision Comments

Item 9, Inserted Child and Family Assessment Service Plan language. 8/05

Item 14, New requirement. Supervisor are to conduct a review of a case record within six (6) months of a child's entry into foster care using the review instrument.12/04.

South Carolina Department of Social Services
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CHAPTER 8, Foster Care
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818.05 Education and Health Passport

This section addresses guidelines and procedures for the use of the Education and Health Passport ([DSS 30245](#)).

Primary Legal Basis:

Social Security Act, Section 475 (5)(D): Requires that a child's health and education record is reviewed and updated, and a copy of the record is supplied to the foster parent or foster care provider with whom the child is placed, at the time of each placement of the child in foster care, and is supplied to the child at no cost at the time the child leaves foster care if the child is leaving foster care by reason of having attained the age of majority under State law.

PL 110-351: Fostering Connections to Success and Increasing Adoptions Act (2008) adds requirements to identify (within 30 days of child's entry) relatives for potential placement and maintenance of relationships.

SC Statute 63-7-2370: Disclosure of Information to Foster Parents.

Purpose and Guidelines

The Passport is designed to keep recent information regarding education, health, and [adult/community connections](#) easily accessible and organized. It is used to aid foster care providers when they are performing a child specific function (i.e. enrolling a child in school, taking a child to routine medical/mental health care, etc.) and need to share information about the foster child.

Information regarding adult/community connections for the child is obtained during the family meetings and other contacts and is recorded in the Passport. How and with whom these connections will be maintained (i.e. frequency of contact, location) is the joint decision of the agency, foster care provider, and if appropriate, the child and parents. Safety of the child is paramount in determining connections to be maintained.

Keeping the Passport current is the joint responsibility of the Agency

and the foster care providers. Good communication between the worker and the foster care provider is essential to share information.

Information concerning the child's parents, psychological evaluations or legal paperwork should not be stored in the Education and Health Passport (DSS 30245).

Completion of the Health and Education Passport

1. Information is gathered for completion of the Education and Health Passport (DSS 30245), including adult/community connection information, upon the child's entry into foster care.
2. The foster care provider is given the completed Passport with a reminder about the necessity of maintaining the confidentiality of the information and ensuring that the passport is stored in a reasonably secure area. Foster care providers will be asked to update certain sections of the passport as new information becomes available.
3. A copy of the Passport and copies of all the documents and information in the Passport are maintained in the child's case file.
4. The Passport is reviewed every 6 months to obtain copies of recent medical or education documents to be maintained in the case file.
5. The Passport and related information accompanies the child if there is a change in placement. The next foster care provider is to be given the Passport and will be asked to keep it current and up-to-date.
6. Youth who are 18 years and older and/or are leaving foster care are given the Passport and free copies of any other significant educational and medical information.

Referenced Documents

Social Security Act Section 475, Fostering Connections to Success and Increasing Adoptions Act (2008), SC Statute 63-7-2370, DSS 30245 Education and Health Passport

Revision Comments

Added legal basis, deleted "after the Removal Hearing" in # 1, added 6 month review of Passport information, added

adult/community connection information. For consistency, the number of this section has been changed from 818.5 to 818.05.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

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818.05.01 Medical and Mental Health Assessment & Follow Up Schedule

This section explains the required physical and mental health assessments, minimum schedule for on-going screenings, and monitoring.

Primary Legal Basis: Federal

PL 108-36 Child Abuse Prevention and Treatment Act (CAPTA) requires that all states have provisions and procedures for referral of a child under the age of three who is involved in a substantiated (indicated) case of child abuse or neglect for early intervention services funded under Part C of Individuals with Disabilities Education Act (IDEA). Additional policy clarification issued for CAPTA defines the mandatory referral to be on the child under age three who is the subject (identified as the abused or neglected child) of the substantiated (indicated) report. IDEA also requires referral to early intervention services for children under age three who are identified as having suspected developmental delays.

PL 110-351 Fostering Connections to Success and Increasing Adoptions Act (2008), section 422(b)(15), amended the Social Security Act to add the requirement to develop a plan for ongoing oversight and coordination of health care services for children in foster care, including mental health and dental health needs, in coordination with the State Medicaid agency, pediatricians, general practitioners and specialists.

Agency Policy:

An initial comprehensive physical assessment is completed within 24 hours of a child entering foster care or no later than five days of entry into care.

1. Coordination for completion of initial assessments

The initial comprehensive medical assessment is completed within 24 hours or no later than five days of entry into care and the initial mental

health assessment is completed within 24-48 hours of entry into care. The worker coordinates and arranges completion of any services identified in the assessment.

- For the child under age 3, a BabyNet referral form is completed and forwarded to BabyNet within 2 working days of learning of the suspected developmental delay. This referral is required by federal statute PL 108-36 Child Abuse Prevention and Treatment Act (CAPTA). For BabyNet guidelines, see Section 818.05.02
- The child's plan (DSS 30231) is updated as necessary according to the Child and Family Assessment and Service Plan Instructions and Practice Guide.
- Service providers are given a copy of the portion of the child's plan that relates to the service they are to provide.

See Section 814 for information regarding payment for the initial assessments.

2. Ongoing EPSDT Medical Screening Schedule

The worker arranges for completion of on-going medical assessments for the foster child according to the EPSDT Guidelines.

EPSDT Schedule (Ages/ Frequency):

Birth to 2 years of ageAnnual screenings
(EPSDT will pay for 9 total assessments/screenings)

3 to 7 years of age.....Annual screenings

8 to 21 years of age.....Bi-Annual (every 2 years) screenings

Note: The above guidelines are intended to **clarify the minimum standards for a child having medical screenings**. Always defer to the child's physician if more frequent or intensive medical care is recommended.

- The Education and Health Passport (DSS-30245), CAPSS and child's DSS paper case file are updated with the most recent medical information.

3. Ongoing EPSDT Dental Schedule

The worker schedules minimum dental services for a foster child

according the EPSDT guidelines and follows up as needed including updating the child's plan (DSS 30231):

EPSDT DENTAL Schedule (Ages/ Frequency):

Birth to 21 years of age....2 teeth cleanings per year

Other dental treatments based on a physician's recommendations.

- The Education and Health Passport (DSS-30245), CAPSS and child's DSS paper case file are updated with the most recent medical information.

4. Ongoing Monitoring

The worker monitors service delivery providers to determine if services are addressing the needs of the child by:

- Obtaining current information on status of the outcome of service being provided based on the specific needs of the child.
- At least monthly follow up with providers for updates on progress / success in addressing the physical or mental health needs.
- Following up as needed to assure receipt of quarterly written reports for the purpose of evaluation and providing copies of reports to GAL and FCRB.
- Revising the plan (DSS 30231) as necessary, i.e. indicating when needs have been met or alternative or additional services are needed.
- The Education and Health Passport (DSS-30245), CAPSS and child's DSS paper case file are updated with the most recent medical information.

Referenced Documents

HS Section 814

DSS 30231

Revision Comments

Revisions were made to this section for clarity and consistency with the DSS assessment and planning guide. This section includes the schedule for EPSDT screenings that was previously in section 819.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 10-06

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818.05.02 BabyNet

This section provides the steps for caseworkers and supervisors to assess the situation of a child under the age of three and make an appropriate referral to BabyNet as required.

This section is the foster care companion to CPS Chapter 7, Section 719.01 regarding the referral to BabyNet by the CPS worker.

Primary Legal Basis: Federal

The Child Abuse Prevention and Treatment Act (CAPTA) requires that all states have provisions and procedures for referral of a child under the age of three who is involved in a substantiated (indicated) case of child abuse or neglect for early intervention services funded under Part C of Individuals with Disabilities Education Act (IDEA). Additional policy clarification issued for CAPTA defines the mandatory referral to be on the child under age three who is the subject (identified as the abused or neglected child) of the substantiated (indicated) report. IDEA also requires referral to early intervention services for children under age three who are identified as having suspected developmental delays.

In summary, the mandated referral is made when a child under the age of 3:

- is identified as the abused/neglected child in a substantiated (indicated) case of child abuse or neglect; and/or
- is identified as affected by illegal substances or demonstrates withdrawal symptoms resulting from prenatal drug exposure; and/or
- is suspected of having developmental delays.

1. BabyNet Referral

The CPS, Foster care or IFCCS worker makes the federally mandated referral to BabyNet on any child under age three who is identified as the abused/neglected child in a substantiated (indicated) case of child abuse or neglect or who is identified as affected by illegal substances or withdrawal symptoms resulting from prenatal drug exposure or who is suspected of having developmental delays.

This initial screening decision is based on:

- the agency finding that the child is the substantiated victim of child abuse or neglect (this means that the investigation has been completed and the case decision has been made that the child was abused or neglected); or
- the required medical screening of a child going into foster care; and/or
- an EPSDT screening of any Medicaid eligible child; and/or
 - any other medical evaluation of a child in the course of a child abuse or neglect investigation; and/or
 - an analysis by the caseworker of the child relative to the Developmental Milestones Chart found in the DSS Form 30242.

The DSS worker who identifies the need to refer must refer. During the CPS investigation/ assessment for children entering foster care, the CPS and foster care / IFCCS worker jointly determine who will actually make the referral for DSS.

Because a child's developmental issues will change as he/she grows, the child is referred at any point in child's foster care episode that the need is identified.

2. Involvement of Parent(s) and Foster Parent / Caregiver

The worker discusses with the parents and the foster parent /caregiver the assessment information that has led to the decision to refer the child to BabyNet and what they can expect from BabyNet. The parents are informed of specific behaviors or conditions that need to change related to the referral criteria. The parent(s) are included in the assessment process and delivery of services as appropriate based on the child's individual circumstances, i.e. safety threat(s).

3. Completion of the Referral and Follow up

The worker completes the BabyNet Referral Form, clearly documenting on the form the reason for the referral, contact information for parent, foster parent and worker, and submits the form to the designated local BabyNet office, per federal law, within two working days of identifying the need to refer, (i.e. identification that the foster child is a victim of child abuse or neglect under the age of three, has a developmental delay, or upon receiving medical information about the child's exposure to illegal substances.)

The referral must include verification that DSS has custody of a foster child who is the subject of the referral by providing:

- a. A copy of the court order giving DSS custody, or
- b. A statement on agency letterhead advising that DSS has custody, including why and how the agency was given custody, and that a court order is forthcoming.

The worker confers with the appropriate BabyNet staff to ensure that the information is clear and sufficient for an evaluation of services.

The worker documents the referral to BabyNet and the outcome in CAPSS.

Based on the information submitted, BabyNet will decide if further assessment and evaluation of the child is necessary to determine if the child is eligible for early intervention services under IDEA Part C.

4. Appointment of a Surrogate

If BabyNet accepts the foster child for services, BabyNet appoints a **surrogate parent** because the agency has custody of the child. DSS staff is prohibited from acting as surrogate (including staff who are licensed as foster parents), according to federal regulation (34 CFR 303.406), which states that a person assigned as a surrogate parent may not be an employee of any State agency.

BabyNet usually appoints the foster parent as the surrogate. The DSS worker confers with the foster parent to determine if the foster parent is willing to be the surrogate. If the foster parent declines to be the surrogate, another individual may be appointed by BabyNet. Although the foster parent has the right to decline to be the surrogate, the foster parent does not have the right to refuse a BabyNet service.

5. Child Accepted for BabyNet Services

The services/actions associated with the delivery of BabyNet services are included in the child's assessment and case plan (DSS 30231).

The worker arranges for communication and coordination of BabyNet Services with the surrogate and the child's parents as appropriate based on the child's individual circumstances.

6. Child Not Accepted for Services

If the child is not accepted for BabyNet Services, the child's needs that were the basis for the referral to BabyNet are addressed in the child's assessment and case plan (DSS 30231) as necessary.

7. Multiple Referrals

Based on good practice and the agency's interpretation of CAPTA, a referral must be made for every incidence of identified child abuse and neglect. This means that a child may be referred to BabyNet multiple times if there are multiple incidents of abuse and neglect. Upon receipt of the referral, the BabyNet office will determine if the child is currently receiving BabyNet services. If not, appropriate follow up will be made to offer these services.

8. Additional Information

It is not the intent of the agency to require caseworkers to become early intervention specialists. However, the basic assessment of a child's situation is consistent with the overall assessment and ongoing assessment to address child well being concerns.

The completion of the assessment to make a BabyNet referral provides additional documentation that a child's well being was thoughtfully and systematically assessed and that appropriate referrals for services made.

See also the BabyNet Manual at:

www.scfirststeps.org/babynet.html

Referenced Documents

HS Section 719.01

DSS 30242

DSS 30231

Revision Comments

This is a new foster care section that adds information contained in Chapter 7, Section 719.01 regarding the BabyNet referral. Specific information regarding a referral to BabyNet on behalf of a foster child was added.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 10-07

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819 Minimum Ongoing Services and Supervision: Safety and Appropriateness of Placement

This section addresses the minimum services/responsibilities that the agency should provide for a foster child regarding safety, permanency and well-being of the child. This section focuses on actions and activities **when the child remains in care 30 days or longer.**

Federal and state requirements and agency actions necessary to implement those requirements are integrated into the casework process in this section.

See the Sections 810 – 810.05 for actions / services to be initiated when the child enters foster care and for treatment planning with the parents prior to the removal hearing:

See the following sections for additional ongoing actions regarding the ongoing services and supervision of the foster child:

819.01 Permanency: Living Situation and Stability of Placement

819.01.01 Permanency: Continuity of Relationships and Parent-Child Visitation

819.01.02 Well Being: Education, Mental and Physical Health, Transition to Adulthood

819.01.03 Ongoing Review and Assessment

819.01.04 Ongoing Case Management

819.01.05 Placement Change

819.01.06 Placement of a Foster Child Who is a Sex Offender

819.02 Contacts with Child, Providers and Parents (**required monthly contacts**)

Primary Legal Basis

Federal Legislation

Social Security Act: Title IV–B and IV-E includes the requirements for the child’s case plan, time frames for permanency planning; requirements for IV-E funding; requirements for monthly visits with the child with the majority in the placement setting; maintenance of health and education records.

Multiethnic Placement Act (MEPA) **mandates** that race, color, and national

origin are not considered in the placement selection process.

P.L. 108-36 Child Abuse Prevention and Treatment Act (CAPTA) includes referral to Early Intervention Programs (EIP) as per Part C of the Individuals with Disabilities Education Act.

P.L. 105-89: The Adoptions and Safe Families Act (ASFA) includes that the court is to make findings whether agency has made reasonable efforts to finalize the permanent plan; lists permanent plan options in order of priority; safety and case plan;

P.L. 109-239: Safe and Timely Interstate Placement Act: requires that notice of [certain](#) hearings [be given](#) to foster parents, pre-adoptive, [or](#) relative caregivers; out of state options for placement must be considered [and addressed in permanency planning orders](#).

P.L. 109-288: Child and Family Services Improvement Act: court to consult with foster children regarding permanency; and when applicable, transitioning out of care; majority of monthly [visits](#) with the child must be in the placement setting.

P.L. 110-351: Fostering Connections to Success and Increasing Adoptions Act (2008) adds requirements to identify (within 30 days of child's entry) relatives [of the child](#) for potential placement and maintenance of relationships; adds requirement to make reasonable efforts to place siblings together unless there is documentation that such a joint placement would be contrary to the safety or well-being of any of the siblings; and in the case of sibling who are not placed jointly, to provide for frequent visitation or other ongoing interaction between the siblings, unless it is documented that frequent visitation or other ongoing interaction would be contrary to the safety or well-being of any of the siblings; adds school attendance as a IV-E requirement; adds case plan to include plan for educational stability.

Child Abuse Protection and Treatment Act (CAPTA), and Part C of the Individuals with Disabilities Education Act (IDEA): requires referral to BabyNet of child under age 3 [who is identified as the abused/neglected child in a substantiated \(indicated\) case of child abuse or neglect; and/or is identified as affected by illegal substances or demonstrates withdrawal symptoms resulting from prenatal drug exposure; and/or is suspected of having developmental delays](#).

STATE LAW

SC Statute 63-7-1680: Requirements for Court Approved Placement Plan and required frequency of contacts with foster child

SC Statute 63-7-1700 Permanency Planning and Court Review

SC Statute 63-7-2310 Requirement for [any public employee in South Carolina to report failure to meet specific statutory requirements for contacts and other](#)

specific actions.

SC Statute 63-7-2370 Disclosure of Information to Foster Parents

SC Statute 63-7-2360 Placement of minor sex offenders

SC Statute 59-65-10: SC compulsory attendance law: age 5 until the child reaches age 17 or graduates from high school.

SC Statute 43-13-10 and 43-13-60; SC Regulations 24-1 through 24-31:

Basis for establishing the Foster Care Review Board (FCRB) and regulations regarding their review of children in DSS custody.

1. Safety of the Child

Safety of the child is foremost. Contacts with the child and with others who have knowledge of the child are used:

- to oversee the safety of the child;
- to collect information in order to confirm the environment is safe (i.e. at the time of placement) or to determine that the same safe acceptable conditions remain;
- to determine that any changes occurring do not pose a threat to child safety.

If the child is determined to be unsafe, immediate actions are taken to protect the child, including possible removal from the placement. See Section 838

Report of Abuse or Neglect of the Child in Placement.

Child safety is assessed during visits and discussions with the child. The worker can talk to the child any place, at any time.

SC law provides that the child may be interviewed outside the presence of other adults and other minors who reside in the home in order to assess the health and safety of the child.

If the case worker has concerns about safety in the placement or suspects abuse or neglect, the case manager must interview and observe the child outside the presence of the caretaker and other adults.

The worker can also talk to the child's family, other workers, the foster parent and other collateral sources as needed.

At least once per month, the basis of the determination that the placement is safe is documented in CAPSS dictation.

Safety over time is reviewed as part of the case evaluation.

The worker considers the child's vulnerability in assessing safety of the child in the placement. Vulnerability includes age and frailty and the child's history of

abuse and neglect. Examples include difficulty with physical mobility, inability to make needs known or to effectively communicate, the child's prior victimization from sexual abuse.

1 a. Disclosure of Location of Placement and Placement Changes to the Parent(s)/Guardian

SC law requires that the worker advise the parent of the nature and location of the child's placement [unless there are compelling reasons for concluding that disclosure of the location of the placement to the parents, guardian, or other person would be contrary to the best interests of the child](#). When deciding whether compelling reasons exist for withholding placement information, staff should consider and document whether there is evidence of sexual abuse, physical abuse, substance abuse, or criminal domestic violence in the child's home. Staff must evaluate whether such information, or other compelling reasons, lead to the conclusion that disclosure of the location to the parents, guardian or other person is contrary to the best interests of the child.

The basis for not disclosing the location of the placement is documented in the child's case dictation in CAPSS and the family story in the case plan.

1 b. HELPLINE Card

During contact(s), the worker determines if the child age five and older has the Helpline Card, provides one if the child does not have one, and explains or reviews use of the Helpline Card. See Section [810.01](#) Entry into Foster Care.

[If the Helpline card is not provided to the foster child along with an explanation for its use, this failure is reported on the Foster Care Oversight Report \(DSS 30207\), and submitted to DSS State Office, IV-E / Licensing Unit.](#)

2. Appropriateness of Placement

Appropriateness of placement includes placement of the child in the least restrictive most family-like setting in close proximity to the child's home/community, [if possible](#), that meets the best interest and special needs of the child.

For the purposes of meeting federal requirements, this includes the need for the child to be placed with siblings and in close proximity to the parents' home (unless proximity presents a safety threat to the child) to promote reunification and educational stability. The placement must take into account proximity to the school in which the child was enrolled at the time of placement and the continuation of that school placement if there are subsequent changes in the

placement setting.

See Section 819.01.05 Placement Change, item 1, regarding race, color, and national origin when assessing placement options.

2 a. Family Like Setting

If the child is not in a family setting, the basis of the child's need of that placement must be clearly documented.

For example, the child's treatment needs may require a placement in a high management setting (i.e. residential treatment facility) to address the child's special needs. See Section 815, Placement Procedures for Special Needs Children.

2 b. Emergency Shelter

For purposes of meeting the requirements for the most appropriate placement, if the child is placed in an emergency shelter, concerted efforts are made to place the child in a stable and appropriate placement to meet the child's needs. See Section 817, Emergency Shelter Care for additional information.

Placement in a shelter is short term to meet an emergency placement need. The time spent in the shelter is used to determine the placement needs of the child and most appropriate placement to prevent the child from having to move again.

2 c. Placement of Siblings

If siblings have been separated and it has been determined that placement together is not contrary to the safety or well-being of any of the siblings, See Section 819.01.01 Permanency: Continuity of Relationships and Parent/Child Visitation, Item 3, to address reunification and frequency and kinds of contacts among siblings.

Issues / concerns associated with the placement are addressed in the appropriate domain of the child's assessment and case plan (CFASP).

2 d: Follow up and Additional Considerations

The worker also considers the child's vulnerability in assessing the appropriateness of placement as well as in assessing child safety. (Item 1 in this section)

If the child is not already placed temporarily or long term with a relative, placement with a relative is pursued based on the child's circumstances. See Section 819.01.01 Permanency: Continuity of Relationships and Parent/Child Visitation.

If the child is moving from a hospital setting to a community based setting, the worker engages in discharge planning with the hospital staff and others as appropriate early in the placement planning process. Examples include the medically fragile child or child in a psychiatric hospital.

For children placed out of state, the placement should be reviewed to determine if an out of state placement continues to be appropriate to meet the child's needs for permanency and connections, etc. See Section 843 Permanency Planning Hearings for additional information.

If the child is experiencing multiple placements, the worker must make efforts to determine why the child is experiencing disruptions and to address the issues that are contributing to placement changes. See also Section 819.01.03 Ongoing Review and Assessment.

If the child is experiencing changes in the school in which the child is enrolled, the child's educational stability must be addressed. See Section 819.01.02 Well Being: Education, Mental and Physical Health, Transition to Adulthood.

Responses to placement crises such as disruptions, delinquent or runaway behaviors are documented in CAPSS. The child's case plan is updated as needed.

When the child who has run away is located, the worker confers with foster care provider regarding the need for services to support the foster parent or other services to support the placement, if necessary.

See the following sections for additional information regarding placement disruptions:

817 Emergency Shelter Care (limitations on use)

819.01.03 Ongoing Review and Assessment regarding case evaluation related to the child's placement circumstances

824 Case Evaluation regarding placement circumstances

834 Child Runs Away or is Reported as Missing from Placement.

The results of staffings / meetings are documented on the Case Transfer/Case Staffing Sheet (DSS Form 3062) and in CAPSS dictation.

3. Next Steps

The next steps in the case work process regarding ongoing services and supervision are contained in the following sections:

819.01 Permanency: Living Situation and Stability of Placement

819.01.01 Permanency: Continuity of Relationships and Parent-Child Visitation

819.01.02 Well Being: Education, Mental and Physical Health, Transition to Adulthood

819.01.03 Ongoing Review and Assessment

819.01.04 Ongoing Case Management

819.01.05 Placement Change

819.01.06 Placement of a Foster Child Who is a Sex Offender

819.02 Contacts with Child, Providers and Parents

Referenced Documents

CFASP

DSS 30207

Revision Comments

Revised for compliance with statute regarding disclosing the location of the child's placement, Helpline Card information revised.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care
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819.01 Permanency: Living Situation and Stability of Placement

This section focuses on permanency in the child's living situation and addresses permanency planning and stability of placement.

Federal and state requirements and agency actions necessary to implement those requirements are integrated into the casework process in this section.

This section is a continuation of the ongoing services/supervision for the child in foster care in the following section:

819 Minimum Ongoing Services/Supervision: Safety and Appropriateness of Placement.

For next steps in ongoing services / supervision, see Item 4 in this section.

Primary Legal Basis: Federal and State:

See the Primary Legal Basis in Section 819, Minimum Ongoing Services and Supervision.

1. Permanency in Child's Living Situation

Permanency planning is a required, ongoing process toward achieving a permanent living situation for the child and toward achieving enduring and nurturing relationship that can meet the child's needs.

Achieving permanency timely is a critical need for children in out of home care.

See Section 810 Basis Requirements During Foster Placement.

2. Permanency Planning

The permanent plan options in order of priority are

- reunification with parents;
- adoption by relative, foster parent, or other individual;
- guardianship / permanent custody by relative or other individual;
- placement with a relative who has the intent for the child to remain
- another planned permanent living arrangement in foster care.

The Department works to ensure that youth who will be emancipating will be leaving foster care with a permanent lifelong connection to a supportive adult.

During monthly contacts with the child, the case manager **discusses with the child what the child's views** are on the permanent plan, its status as appropriate for the child's age or development and the status of the continuity of family relationships and connections.

The child is prepared for placement changes associated with a change in permanent plan. See also Section 825.02, Preparation of the Child for Reunification.

The worker follows up on issues or concerns regarding permanency identified by the child.

See following sections:

820.01 Implementation of the Treatment Plan regarding implementation of the parent-child treatment plan and timely reunification.

825 Permanency Planning

843 Permanency Planning Hearing regarding presentation of the child's view of the permanency plan at the permanency planning hearing.

See also the form DSS 30231 and CFASP – Instructions and Practice Guide.

3. Stability in Child's Placement

The foster child benefits from permanency in a **stable** placement setting that is the child's best interest and that is consistent with achieving the child's permanency goal.

The **state and federal standard** is two or fewer placement settings for a child during a foster care episode.

Information gathered from the child, foster care provider and others (parents, therapist, etc. if applicable) is used in efforts to promote stability and/or address needs.

Educational stability is linked to placement stability. Team decision making is used to determine whether it is **in the child's best interest** to remain in his or her current school setting or whether the child is to be enrolled in another school and a plan developed to address the barriers for maintaining educational

stability. See Section [810](#), Entry Into Foster Care, [Item 11](#) and Section [819.01.02](#) Well Being, Item 1 Education.

The child's case plan (DSS 30231) must include actions in an appropriate domain of the plan to address placement stability if stability of placement is an issue for the child.

For purposes of meeting this requirement, examples of case issues that threaten stability and achieving permanency that need to be addressed include the following:

- the child is placed in a temporary setting awaiting another placement (i.e. shelter);
- there is information indicating that the child's current foster care provider may not be able to continue to care for the child;
- there are problems in the current placement that threaten the stability of the placement;
- the child has run away from the current placement or has a history of running away;
- moves due to an inappropriate placement (i.e. based on availability rather than on the child's permanency goal).

Examples of placement changes that promote achieving permanency may include:

- moves to an adoptive home,
- moves from a more restrictive to a less restrictive placement,
- moves from non-relative foster care to relative foster care,
- moves that bring the child closer to family or community, etc.

The child's worker informs the local office foster home recruiter of the need for an appropriate foster family if the child's placement need is for a foster family.

Issues / concerns associated with the placement are addressed in the appropriate domain of the child's assessment and case plan (DSS – 30231).

4. Next Steps

The next steps in the case work process regarding ongoing services and supervision are contained in the following sections:

[819.01.01](#) Permanency: Continuity of Relationships and Parent-Child Visitation

[819.01.02](#) Well Being: Education, Mental Health/Behavior, Physical

[Health](#)

[819.01.03 Ongoing Review and Assessment](#)

[819.01.04 Ongoing Case Management](#)

[819.01.05 Placement Change](#)

[819.01.06 Placement Of A Child Who Is A Sex Offender](#)

[819.02 Minimum Contacts with the Child, Parent, Providers](#)

See also the following sections:

[819 Minimum Ongoing Services /Supervision: Safety and Appropriateness of Placement](#)

Referenced Documents

HS 810

HS 810.01.01 - 819.01.06

HS 820.01

HS 825

HS 825.02

DSS 30231

Revision Comments

This section was previously entitled Additional Services for Foster Children Adjudicated for Sex Offenses. A new subsection 819.06 was added for information regarding services for the child adjudicated for sex offenses.

Information regarding permanency in the child's living situation is now in this section. Information from Section 825 Permanency Planning, Section 819 regarding parent-child visitation and its link to permanency are included. Information regarding stability of placement and educational stability have been added to the case work process regarding permanency for clarity, linkage, and consistency with other requirements.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

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819.01.01 Permanency: Continuity of Relationships & Parent/Child Visitation

This section focuses on permanency in the continuity of the child's relationships and connections.

This section also includes information regarding proximity of placement, use of relative placements, and sibling placement.

This section is a continuation of the ongoing services/supervision for the child in foster care in the following sections:

819 Minimum Ongoing Services and Supervision: Safety and Appropriateness of Placement.

819.01 Permanency: Living Situation and Stability of Placement

Federal and state requirements and agency actions necessary to implement those requirements are integrated into the casework processes in this section

See Section 819.02 Contacts with the Child, Providers and Parents (required monthly contacts)

Primary Legal Basis: Federal and State:

See Section 819 for the primary legal basis of the casework practices in this section.

1. Proximity of Placement to Child's Home Community

Concerted efforts are made to place the child in proximity to the child's home or community in which the child has connections.

The foster child benefits from a placement setting that is in the child's best interest and that is consistent with maintaining proximity of placement. Proximity also promotes the plan of reunification and is also linked to maintaining educational stability.

For the purpose of meeting the requirements of close proximity of placement

- At the time of entry, proximity of placement refers to placement of the child within the child's home community or school attendance zone.
- For subsequent placement changes, the placement should be close enough to

maintain the contacts needed to achieve the permanency plan, to promote continuity of family relationships, including relationships with siblings as long as the child's safety is not threatened and is in the child's best interest, and to promote educational stability.

The location of the placement could be in another county or state if distance is not a barrier. See Section 810 Basic Requirements During Foster Placement, Item 9.

For children placed out of state, the placement should be reviewed to determine if an out of state placement continues to be appropriate for the child. Refer to Section 843 Permanency Planning Hearings for additional information regarding the appropriateness of an out of state placement.

When proximity of placement is a barrier to achieving desired outcomes for the child, issues / concerns associated with the proximity of placement are addressed in the appropriate domain of the child's assessment and case plan.

If the reason the child is not placed in proximity is attributed to a lack of a foster home to accept the child, the local foster home recruiter is notified of the need to recruit a foster home for the child.

2. Relative Placement

When appropriate for the safety and best interest of the child, relative placement is used to promote stability in the child's living situation and to maintain the child's relationships and connections.

Efforts must be made to identify, locate, notify, and evaluate **both maternal and paternal relatives**.

Contacts with family members and other individuals (i.e. in family meetings) are helpful in identifying relatives for potential placements and support.

Relative placement may be used as a temporary placement pending reunification or a permanent placement until the child reaches adulthood.

The relative is assessed for placement using the standards referenced in Chapter 9 Section 928 Licensing of Relatives. The relative must be determined to have the **protective capacity to keep the child safe above family loyalties**. An exception to considering a relative for placement may be made due to family or domestic violence.

The basis for not considering a relative as placement resource or not utilizing a relative placement is documented in CAPSS dictation and in the case plan.

A relative placement would not, for example, be appropriate if it is determined at the time of the child's entry into foster care that the child's needs require a specialized placement (i.e. residential treatment services) and the child will continue to require such specialized treatment the entire time the child is in foster care.

See the following sections for additional information regarding relative placements:

810 Basic Requirements During Foster Placement Item 15

810.01 Entry Into Foster Care Item 2

810.01.06 Diligent Search

Potential relative placements may be identified and are considered at any time it is appropriate during the child's placement in foster care. For example, a relative previously ruled out may have had a change in circumstances, or the child's needs may have been addressed to the extent a relative can now be a caregiver for the child. See the case plan CFASP Guide and Section 819.01.05 Placement Change regarding requirements related to consideration of placement change.

When a relative is identified as a potential placement beyond the initial 30 day time frame, the notification to relatives (DSS 30241) may also be used. See the following sections:

810.01 Entry Into foster Care Item 15 (includes notice to relatives when child enters care)

810.01.01 Family Engagement and Assessment, Item 2.

If a relative placement is a barrier to achieving desired outcomes for the child, the barriers are addressed in the appropriate domain in the child's case plan.

When a relative is identified as the permanent placement for a child, adoption is pursued as adoption provides a higher degree of permanency than other permanent plan options. Permanent custody/guardianship is the next option pursued if adoption is determined not to be the appropriate plan. If permanent custody/guardianship is determined not to be the appropriate permanent plan, the permanent plan may then become placement with a fit and willing relative (committed to a lasting relationship).

3. Sibling Placement, Visitation, and Contacts to

maintain sibling relationships and connections

DSS must make reasonable efforts to ensure that siblings in foster care are placed together unless a separation is necessary to meet the needs of one of the siblings.

For purposes of meeting the requirements of federal legislation, if siblings must be separated:

- Reasonable efforts are made to promote quality visitation and frequent visitation between the child and his/her siblings unless visitation/contacts are contrary to the safety and best needs of any of the siblings.
- Reasonable efforts are made to place the siblings in close proximity of each other, including the same community, school, church, or the like.
- The child should be placed with caregivers who are committed to helping the siblings stay in regular contact (visits, phone calls, correspondence) unless it is clearly not in the best interest of one or more of the children to stay in touch.
- There is continual review/assessment and efforts to reunite the siblings in placement and/or to maintain a sibling relationship unless there is documentation why this should not occur.

See the following sections for additional information:

819.01.03 Ongoing Review and Assessment

824 Case Evaluation.

Issues / concerns associated with joint placement of siblings including visitation and other contacts are addressed in the visitation plan and/or appropriate domain of the child's assessment and case plan.

3 a. Staffing

When separation of siblings is being considered, the worker coordinates a staffing with the direct supervisor and as appropriate others such as the licensing staff prior to separation.

In an emergency situation, the staffing is held within 10 days of the siblings being placed in separate placements.

The purpose of the staffing is to:

- Determine the reasons for separating siblings.
- Determine if it is contrary to the safety or well-being of any of the siblings to be placed together; confer with the children's Guardian Ad Litem.
- Obtain **documented supervisory approval** if siblings being placed together is contrary to any of the sibling's safety or well-being .

- Develop a plan and time frame for sibling reunification, (if it is not contrary to the safety and well-being of the siblings) ,

AND

- When/if siblings are separated, develop a plan for ongoing sibling visitation and interaction.
- Determine need and type (if needed) of any therapeutic intervention for maintaining sibling relationships.

The worker documents the outcome of the staffing in CAPSS and on Case Staffing Form (DSS 3062) with signatures of participants.

3 b. Minimum Standard of Contact of Siblings when separated

If siblings are separated, the minimum standard is at least monthly contact/interaction of siblings with each other. More frequent contact is recommended. At least monthly face-to-face contact between siblings is preferable.

For months when face to face contact between siblings is not possible, contact by telephone, letter, email, etc. should occur.

The worker discusses the extent of contact among siblings during monthly contacts with the child and any barriers are addressed.

Less than monthly contact between siblings with each other must have documented supervisory approval in CAPSS of the basis for the plan to provide less than monthly contact.

When the worker is visiting with a sibling group placed together, some individual time should be spent with each child separately from the siblings as well as time together.

If siblings were separated for a valid reason and that reason no longer exists (i.e. the sibling's residential treatment services completed), there must be concerted efforts to reunite the siblings. Even if it is determined that it is not appropriate for siblings to be placed together, regular contact should be considered unless there is an indication that contact should be restricted.

Siblings may be temporarily separated because one of the siblings needs a specialized treatment or because half-siblings are being placed with his/her biological parent or relative.

When possible and appropriate, caregivers should be encouraged to schedule

and handle sibling visitation as often as possible. Caregivers' roles in maintaining contact is included in the visitation portion of the child's plan in CFASP. The worker obtains updates regarding the outcome and frequency of these contacts for follow up on identified concerns and to obtain data to document contacts in CAPSS that contacts are occurring or not occurring. The worker follows up to address barriers to sibling contacts.

Examples of quality issues in sibling visitation include

- visitation long and frequent enough to permit quality interaction,
- visitation in a comfortable atmosphere,
- contacts other than the context of parent-child visitation.

3 c. Plan for Sibling Contact

The visitation portion of the child's case plan in CFASP is used to establish a visitation and contact plan for siblings who are separated.

The plan may include arrangements for transportation (if necessary).

Flexible times and locations should be arranged to the extent possible.

Other actions to promote the relationship of siblings may be addressed in an appropriate child domain of the case plan in CFASP.

The plan for sibling contact includes contacts with siblings who remain in the home as well as siblings who are in separate foster placements.

In the situation of children for whom **visitation or other ongoing contact with siblings would be contrary to the safety and well-being of the child**, an assessment and decision must be made in conjunction with case worker's direct supervisor and the Guardian Ad Litem. The basis of the decision must be clearly documented in CAPSS dictation and Family Story in the child's assessment and case plan. Consultation with a therapist may be necessary.

The plan developed includes at a minimum:

- Type and frequency of contact between siblings placed with different caregivers.
- Actions to reunite siblings
- Type of any therapeutic intervention for maintaining sibling relationships, if needed.
- Specific issues to be addressed to reunite siblings for the purpose of adoption if the permanency goal becomes adoption and siblings are placed separately.

These needs are addressed in coordination with the adoption worker, if applicable. (See Section 819.01.05 regarding placement change.)

The appropriate domain of the child's case plan in CFASP is updated to address efforts for reunification and any other specific issues, i.e. therapeutic interventions. The plan for visitation and contacts is addressed in the visitation section of the case plan.

If the separation of the siblings is attributed to a lack of a foster home to accept the sibling group, the local foster home recruiter is notified of the need for recruitment of a home so the siblings can be placed together.

5. Child's Relationship with Parents

Concerted efforts are made to maintain a positive nurturing relationship between the child in foster care and his / her mother and father unless maintaining the relationship is contrary to the child's safety and/or best interest of the child.

The appropriate domains in the parent and/or child plan and the visitation portion of the child's case plan (CFASP) are used to address activities to maintain a positive nurturing relationship with the parent and to establish a visitation plan.

If the whereabouts of the parent is unknown, the child case file dictation and case plan (CFASP) are used to document the concerted efforts to locate the parent. See Section 810.01 Entry Into Foster Care.

The worker uses family meetings, when possible, to gather names and addresses of non-custodial parents to be a potential caregiver, to provide background and current information regarding the child. The background information (pictures, etc.) are included in the child's life book and to help preserve connections.

For additional information, see the following sections:

Item 6 in this section for additional information regarding parent-child visitation including the frequency standard of visitation and if contact is not in the child's best interest.

818.025 Conducting an Initial Family Meeting

810 Basic Requirements During Foster Placement, Item 8 regarding searches for parents.

6. Parent / Child Visitation Frequency and Purpose

The Foster Care / IFCCS Worker coordinates reasonable and meaningful visitation between the child and parents unless the court determines it is not in the child's best interest.

6 a. Minimum Frequency Standard

The **minimum agency standard is twice per month**. More frequent visitation is recommended for infants and young children and for children being reunified with the parent. Refer to the visitation plan in the court order for any conditions from the court regarding visitation.

A case evaluation is completed for consideration of unsupervised visits prior to reunification. See the following sections:

819.01.03 Ongoing Review and Assessment

824 Case Evaluation

The visitation plan in CFASP is developed and updated to reflect changes in the visitation arrangements that are in compliance with the court ordered visitation plan.

6 b. Standard: Suspension / Denial of Visitation

In the situation of children who indicate that they do not wish to visit with family members, an assessment must be made in conjunction with the Guardian Ad Litem and in consultation with a therapist to support if it is in the child's best interest for suspension of parent-child visitation on a long-term basis.

Supervisory assistance/guidance is sought and documented regarding the appropriateness and safety of **parent-child visitation** when issues of severe physical abuse, sexual abuse and domestic violence are involved.

Visitation can only be suspended if the parents agree or DSS gets court order.

The court must sanction denials of parent-child visitation.

A court order is obtained to ensure specific visitation restrictions are in place as needed.

If the parents agree to forgo visitation, there must be documentation that they agree to forego visitation.

6 c. Use of Parent-Child Visitation

Parent-child visitation is used as an opportunity for the parent to demonstrate increased protective capacities related to identified safety threats and to support the parent-child relationship.

See Section 820.01 Implementation of the Treatment Plan With the Family for additional information regarding parent-child visitation.

Examples of quality issues related to the parent child relationship may include (but are not limited to) visitation in a comfortable atmosphere with visits long and frequent enough to permit quality interaction and visitation.

Examples of additional activities to support, strength, or maintain the relationship include, but are not limited to (when safety threats are not an issue)

- encouraging the parent's participation in school activities and case conferences,
- accompanying the worker or foster care provider to medical appointment for the child
- engaging in the child's after school or sports activities;
- providing or arranging for transportation so that the parent can attend the child's special activities and doctors' appointments.
- encouraging the foster parents to provide mentoring or serves as role models to the parent to assist him/her in appropriate parenting (Use of mentoring is a team decision including input from the parent, foster parent and case worker's supervisor.)
- encouraging and facilitating contact with incarcerated parents (where appropriate) or with parents not living in close proximity to the child (i.e. out of state);
- working within the parents' work schedule to accomplish the above.

Visitation plans include input from the parents, child, foster parent/provider and as applicable the current child care provider to include locations and the types of activities both child and parent can participate in to facilitate a quality visit.

Community connections may be used as appropriate as a part of the visitation process and plan.

7. Maintaining child's connections to his/her neighborhood, community, faith, extended family, tribe, school and friends.

The child's case plan includes concerted efforts to maintain the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends.

Connections include those other than the child's connections with parents and siblings. [Non-relatives who are important to the child can be included in the visitation plan.](#)

If the child is a member or eligible for membership in a tribe, see the following sections:

[810.01](#) Entry Into Foster Care

[811](#) Indian Child Welfare Act (ICWA) for federal requirements specific to the Indian Child Welfare Act.

Extended family members include individuals who were not the child's primary caregivers before entry into foster care, such as grandparents, uncles, aunts, and cousins, etc. Maintaining these contacts must be consistent with the child's best interest.

The worker determines as a part of the family story and child assessment what contacts are important to the child.

For example, a young child is likely to have important connections with the extended family; an older child will also have connections to a school, etc. It is also important for Native American children to maintain tribal connections if the child is determined to be a member of or eligible for membership in an Indian tribe even if the tribe determines the child will remain in the community the child was residing in at the time of removal.

Supervisory assistance/guidance is sought and documented regarding the appropriateness and safety of **contacts / visitation** when issues such as severe physical abuse, sexual abuse and domestic violence are involved. The relative or other individual must have protective capacities associated with keeping the child safe above family loyalties.

The child's case plan (CFASP) includes the actions to maintain these connections or address barriers.

8. Next Steps

The next steps in the casework process regarding ongoing services and supervision are contained in the following sections:

819.01.02 Well Being: Education, Mental and Physical Health,
Transition to Adulthood

819.01.03 Ongoing Review and Assessment

819.01.04 Ongoing Case Management

819.01.05 Placement Change

819.01.06 Placement of a Foster Child Who Is A Sex Offender

819.02 Contacts with the Child, Providers and Parents

See also the following section regarding ongoing services and supervision:

819 Minimum Ongoing Services and Supervision: Safety and
Appropriateness of Placement.

819.01 Permanency: Living Situation and Stability of Placement

Referenced Documents

HS 810

HS 810.01

810.01.03

HS 810.01.06

HS 819

HS 819.01

HS 819.01.02 - 819.01.06

HS 819.02

CFASP

CFASP guide

HS 824

HS 817

HS 818.025

HS 820.01

HS 811

Revision Comments

Revised to include that non-relatives who are important to the child can be included in the visitation plan.

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CHAPTER 8, Foster Care
Revision Number: 09-08

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819.01.02 Well Being: Education, Mental and Physical Health, Transition to Adulthood

This section focuses on child well being in education, mental health and behavioral concerns, and physical and dental health.

This section also includes the child/youth's transition to adulthood, other identified issues, such as criminal behavior, substance abuse, and involvement with law enforcement as a part of child well being.

Federal and state requirements and agency actions necessary to implement those requirements are integrated into the casework process in this section

This section is a continuation of the ongoing services/supervision for the child in foster care in the following section:

819 Minimum Ongoing Services/Supervision: Safety and Appropriateness of Placement.

819.01 Permanency in Child's Living Situation

819.01.01 Permanency: Continuity of Relationships and Parent – Child Visitation

See Section 819.02 Minimum Contacts with the Child, Parent, Providers (required monthly contacts)

See Item 6 in this section for next steps in ongoing services and supervision.

Primary Legal Basis: Federal and State:

See Section 819 for the primary legal basis for this section.

Child Well Being

Promoting well being includes assessing and monitoring the status of the child's well being, ongoing monthly review (or assessment) of the child's needs and a review of progress of services/actions to address needs. Refer to the DSS 30231 CFASP - Instruction and Practice Guide.

Services are selected to match an identified need in the child's assessment.

1. Education:

The child's educational needs are assessed and addressed on an ongoing basis for the school-aged child, including those in preschool.

Information to be gathered for the assessment of the child's educational needs include child's attendance record, achievement, and the progress of actions and services in meeting the child's educational needs, the appropriateness of the child's current educational setting, and the child's educational stability (i.e. changes in school due to placement changes).

If a child is under the age of 3 and has been identified as having developmental delays, the developmental needs may be addressed as a part of educational well-being, mental health and behavioral Issues, or physical and dental health in the child's case plan (DSS 30231). See 818.05.02 BabyNet.

If the child has an IEP or 504 plan, applicable actions for the parent (if appropriate), the child, the foster parent/provider are included in the child's assessment and plan (DSS 30231).

There are multiple sources for gathering information, including the child, parents, foster care provider, child's therapist, if applicable, and **direct contact with school personnel** to determine the child's needs.

Examples of services provided to address identified educational needs include

- advocacy on the part of foster parents and the caseworker,
- ensuring that the child receives special education classes, when needed;
- making provisions for the child to receive tutoring or educational mentoring (if needed funding is available);
- arranging for the child to be enrolled in early intervention preschool classes, such as Head Start.

1 a. Plan for Educational Stability

If placement change must be made, every effort should be made to maintain the child in the same school. An educational stability plan must be explored. It must be documented that efforts were made to prevent the child from changing schools. The plan includes determining the appropriate educational setting needed by the child, and exploring options, such as arranging for reasonable transportation so that changing schools is not necessary unless there are safety concerns for the child or a change in school is in the child's best interest.

If the decision is made for the child to change school, the worker discusses the

change of school with the child and arranges for prompt transfer to the new school.

See the following sections:

810, When a Child Enters Foster Care: Basis Requirements, Item 11
810.01.01 Entry Into Foster Care, Item 9.

Note: SC law provides that foster children do not have to change schools at entry or after placement change if transportation can be arranged. Funding to pay for transportation is contingent upon availability of funds.

The educational stability plan also includes actions to address the child who is not attending elementary or secondary school as required by state law unless the child is incapable of attending school due to a documented medical condition.

If concerns regarding educational stability plan are addressed in a domain other than the education domain of the child's plan (DSS 30231), there must be a clear indication in the plan that addressing the concern also promotes educational stability as per federal requirements.

Issues / concerns associated with the child's educational needs, including educational stability are addressed in the education domain of the child's assessment and case plan (DSS 30321).

Educational information is also documented in applicable tabs in CAPSS and the Education and Health Passport (DSS 30245).

1 b. Required School Attendance and IV-E eligibility

IV-E eligibility requires the school age child (as determined by the state) to be a full-time elementary or secondary school student unless the child is incapable of attending school due to a documented medical condition.

In South Carolina, state statute requires school attendance from age 5 until the child reaches age 17 or graduates from high school.

The basis for the child not being in school must be clearly documented in the family story and supporting documentation from medical records must be filed in the child's medical records in the case record and Education and Health passport (DS 30245).

If the school age child is not attending elementary or secondary school full

time, the foster care worker must notify the IV–E eligibility staff according to specific procedure established by the IV-E eligibility unit.

If the child is being home schooled, the worker must assure that the home schooling meets the federal requirement for a "full-time elementary or secondary school student."

See Section [819.01.04](#) Ongoing Case Management for additional information regarding educational records.

Issues / concerns associated with the school attendance are addressed in the educational domain of the child's assessment and case plan (DSS 30321).

2. Mental Health/Behavioral Issues:

The child's mental health and behavioral needs are identified and addressed in the initial assessment and ongoing updates to the assessment and plan.

The worker coordinates and arranges the provision of services identified.

Sources of information regarding the child's mental health include treatment providers or records, school records, residential treatment / hospital records, etc.

The contacts with the child, caregivers and others as appropriate include the following depending upon individual case circumstances:

- discussion regarding the progress of counseling or therapy for the child if applicable;
- any mental health / behavioral medication prescribed;
- nonresidential and residential services for the child;
- follow up on development of needed skills recommended by a therapist or other provider such as enrollment in an activity to assist with social skills or to boost self-esteem.

Behavioral needs include needs related to behavioral problems that are not always specified as mental health needs. Behavioral needs related to substance abuse or delinquency/criminal activity may be addressed in the child domain regarding substance abuse and criminal activity. See Item 5 in this section.

The child's case plan (DSS 30231) includes the actions to address mental health and behavioral needs.

Issues and concerns are addressed in the most appropriate domain of the child's case plan according to the child's individual circumstances.

Mental health information is documented in case dictation and applicable tabs in CAPSS and the Education and Health Passport (DSS 30245). See Education and Health Passport, Section 818.05.

Examples of needs and services to address behavioral issues include:

- the child's social development such as child/youth involvement in recreational activities
- the services to assist in developing social skills or to boost self-esteem, etc., i.e. sports, Scouts, etc.
- the development of age and developmentally appropriate daily living skills, i.e. child under age 13.
- the use of transition and independent living services. See Item 4 in this section.

If child is receiving child (day) care services, information from child care provider regarding child's adjustment and life skill development is included in assessing and planning for the child.

For the child under age 3 with suspected developmental delays, the worker completes a **BabyNet referral** form within 2 working days of learning of suspected developmental delay. (a federal requirement).

If the child does not meet BabyNet criteria for services, then the worker pursues involving the child in age and developmentally appropriate programs and activities.

3. Physical and Dental Health:

The physical health needs of the child are assessed and addressed at entry into foster care and on an ongoing basis as needed.

The worker coordinates and arranges completion of any ongoing services identified as needed based on the initial comprehensive medical assessment (completed within 24 hours or no later than five days of entry into care) or other sources, such as ongoing periodic preventive physical and dental health screening to identify and avoid potential problems. Preventive care refers to initial and periodic age-appropriate dental or dental or physical health examination.

The worker determines the status of ongoing health issues (i.e. diabetes),

confers with the child, caregiver and others as appropriate to determine what medications (if any) the child is prescribed and if the child is taking medication as prescribed for a physical condition. The worker follows up as needed.

The child's case plan (DSS 30231) includes the actions to address physical health (medical and dental).

Health information, including immunizations, is also documented in applicable tabs in CAPSS and the Education and Health Passport (DSS 30245).

Case Management of Health Records: see Section 819.01.04 Ongoing Case Management.

For additional information, see the following sections:

Item 2 in this section regarding a BabyNet referral;

814 for additional information on the initial comprehensive medical assessment;

818.05 Education and Health Passport.

818.05.01 Medical and Mental Health Assessments and Follow Up.

4. Transition to Adulthood & Independent Living for youth age 13 and older.

The child's needs for transitioning successfully to adulthood are included in the child's assessment and case plan (DSS 30231).

This includes the child's achievement of age or developmentally appropriate living skills for transitioning to adulthood and the transitioning from foster care and the status of services to support the identified needs.

For youth remaining in care, 90-days prior to the youth's 18th birthday or for the youth over age 18 within 90-days prior to leaving foster care, the worker and youth develop a personalized transition plan.

The child's case plan (DSS-30231) includes the actions needed to address successfully transitioning to adulthood as appropriate for the child's individual needs and for youth over age 16 the identification of an adult with whom the child will have a permanent relationship. The case plan addresses life skills deficits as identified in the life skills assessment(s) completed for the youth.

See the following sections for additional requirements and information regarding transition planning;

[832, 832.01 and 832.01.01](#) regarding completion of life skills assessments and associated planning;
[843 and 843.01](#) regarding youth presenting their views to the court,
[819.01.03 and 824](#) regarding case evaluation.

5. Other identified issues: criminal behavior, substance abuse, involvement with law enforcement .

Contacts and discussion with the child address any current or anticipated future involvement with DJJ and / or law enforcement regarding criminal behavior and substance use.

Actions/services to assist the youth in addressing criminal behavior and substance abuse are included in the child's case plan (DSS 30231). Concerns may be included in the domain regarding criminal behavior and substance abuse and/or the domain for mental health/behavior issues, Item 2 above.

Refer to the DSS 30231 CFASP - Instructions and Practice Guide for additional information.

6. Next Steps

The next steps in the case work process regarding ongoing services/supervision are contained in the following sections:

[819.01.02](#) Well Being: Education, Mental Health/Behavior, Physical and Dental Health

[819.01.03](#) Ongoing Review and Assessment

[819.01.04](#) Ongoing Case Management

[819.01.05](#) Placement Change

[819.01.06](#) Additional services for Foster Children Adjudicated for Sex Offenses

[819.02](#) Contacts with the Child, Parent, Providers

See also the following sections regarding ongoing services/supervision:

[819](#) Minimum Ongoing Services/Supervision: Safety and Appropriateness of Placement

[819.01](#) Permanency: Living Situation

Referenced Documents

HS 814

HS 819

HS 819.01
HS 819.01.01
819.02
818.05.02
HS 819.01.03
HS 819.01.04
HS 832
HS 832.01
HS 832.01.01
843
843.01
DSS 30231
DSS 30245
DSS 30231: Instructions and Practice Guide
HS 810
HS 810.01.01

Revision Comments

This is a new subsection that focuses on child well being. Actions in the casework process from other sections (i.e.810, 810.01, 819) related to child well being are included in this section for easy access. Additional information for consistency with federal requirements and the agency's assessment and case planning process (DSS 30231) is included. The federal requirement to address educational stability and IV-E funding requirement for school attendance have been added. The referral to BabyNet when required, information regarding physical and dental health, and references to transitional planning and behavioral and mental health needs are included in this section.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

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819.01.03 Ongoing Review and Assessment

This section focuses on ongoing case review and assessment including monthly case progress review, case evaluation, Foster Care Review Board, Permanency Planning Hearings, and Supervisory Review.

This section is a continuation of the following sections involving ongoing services/supervision for the child in foster care:

819 Minimum Ongoing Services/Supervision: Safety and Appropriateness of Placement.

819.01 Permanency: Living Situation and Stability of Placement

819.01.01 Permanency: Continuity of Relationships and Parent/Child Visitation

819.01.02 Well Being: Education, Mental Health/Behavior, Physical Health

See Section 819.02 Contacts with the Child, Parent, Providers (required monthly contacts)

Primary Legal Basis: Federal and State:

See Section 819 regarding the federal and state statutory requirements integrated into this section.

1. Ongoing Case Review and Assessment

The foster care/ IFCCS worker reviews the child's case plan (DSS 30231) on a monthly basis and updates the plan at any time the need for a change is identified. See Item 2 in this section and the CFASP User's Guide for additional information regarding contacts with the child and plan review.

The results of the monthly progress review are documented in the child's case plan (DSS 30231) and CAPSS dictation.

Updates (new information, changes, etc.) are documented as part of the case plan progress review (DSS 30231).

The foster care/ IFCCS worker completes the following actions:

- Monitors service delivery providers to determine if services are successful in changing the behavior of parents (if services are being provided to the parents)

or addressing the needs of the child by;

- Requests **at least** quarterly **written reports/updates** on progress of service delivery, follows up to assure receipt of reports from providers for purposes of evaluation and provides copies **of the reports/updates** to GAL and FCRB,
- Revises the plan (DSS 30231) for service delivery as necessary.

When service providers have roles or actions as a part of the plan, the provider(s) is given a **copy** of the portion of the plan (DSS 30231) that identifies the behavior(s) to be addressed and the role or actions agreed upon with the parents and/or child; the worker, the provider, and if applicable the child's caregiver.

The purpose of the assessment and on-going review is to have an in-depth understanding of the child's needs.

Information obtained from contacts and reports is used to review and monitor progress towards goals, to determine if the services have resulted in successfully achieving case plan goals (i.e. behavioral changes) or to identify a need to change or extend services to better address the needs of the child. The actions needed to address the desired outcomes can be updated at any point in the life of the case.

Services for parents are selected and proposed to change the behavior that resulted in a safety threats to the child,

2. Case Evaluation

The foster care/IFCCS worker completes the case evaluation process regarding the child's plan and when applicable the parent's plan. The case **evaluation of the parents' case plan** focuses on the **changes in behavior** that have occurred in the family members over time that are needed to create a safe environment for children and identifying any other changes needed. See Section 824, Case Evaluation.

2 a. When to Complete a Case Evaluation

A case evaluation is completed:

- when there is a change in circumstances such as change in placement, change in family composition, change in permanency goals, new safety or risk issues, increased level of risk, family request of any team member, case closure,
- at least every six months
- at the time of judicial review or a permanency planning hearing
- at case transfer

- at decision points in the case (considering unsupervised visitation or returning a child home)
- 90-days prior to the foster youth reaching age 18 or 90-days prior to the youth over age 18 emancipating/leaving foster care.

2 b. What To Address

The evaluation is a comprehensive review of the case plan and the monthly monitoring of case activities. The case evaluation focuses on recognizing the changes in behavior that have occurred in the family member over time that are needed to create a safe environment for children.

The case evaluation includes the following issues involving the child and parent or child only, i.e. parental rights have been terminated:

- Safety in the placement (over time). See safety in placement Section 819, Item 1.
- Reduced safety threats in the home when reunification is the plan;
- Observable behaviors of the youth in foster care when behaviors are resulting in disruptions, and placement and educational instability;
- Observable behaviors of the parents working towards reunification.
- **Changes in behavior** that have occurred in the family members over time that are needed to create a safe environment for children and identifying the required changes that have not been demonstrated at the time of the evaluation.
- Motivation to address behaviors that resulted in removal or that are of concern, i.e. youth delinquency
- Effectiveness of services impacting behavior changes;
- Enhanced protective capacity of the parents when reunification is the plan;
- Current actions to locate absent parents (status or decision to end efforts);
- Current actions to identify and locate relatives (status or decision to end efforts);
- Youth's transition to adulthood, beginning no later than age 16
- Permanency plan status (at least every 6 months), i.e. implementation of concurrent plan.
- Reunification of siblings when the reunification plan is pending
- Transition Plan 90 days prior to youth's 18th birthday or after age 18 prior to emancipation / exiting foster care. See Section 832.01.01 regarding this requirement.

The evaluation involves the worker and supervisor in conjunction with the family or child (i.e. after termination of parental rights) to evaluate the progress since the initial assessment or last review and determine the overall progress

toward goals. A family meeting would be an appropriate setting for conducting a case evaluation when parents are involved.

See Section 824, Case Evaluation.

2 c. Update of Plan and Case Documentation

The case evaluation is documented as part of the parent and/or child's case plan (DSS 30231) and CAPSS dictation.

A new notice and signature page for the plan (DSS 30231) must be completed with the participants at the conclusion of the case evaluation with parents to document the joint completion of the evaluation process.

The family assessment, parent plan, and child assessment/plan are updated if needed to reflect success or lack of success in reaching the desired outcomes.

3. Foster Care Review Board

The foster care / IFCCS worker prepares the child (age 10 and older) for receiving the invitation and for participation (if child wishes) in the Foster Care Review Board meetings.

The FCRB is held within 4-6 months of the child's entry into foster care and every 6 months thereafter.

The packet sent to the FCRB contains reports submitted to the court and copies of letters of invitation.

Written invitations to attend Foster Care Review Board (FCRB) are sent to children age 10 and older, parents, foster care providers, GAL, all service delivery professionals for the parent(s) and child **at least** three weeks in advance of meeting.

3 a. Report of Failure to Notify Foster Parent

If the foster parents are not notified and encouraged to attend FCRB meetings, failure to meet this statutory requirement must be reported to the State Office IV-Licensing Unit using the DSS form 30207. Refer to SC Statute 63-7-2310. See Section 819.02 Contacts with Child, Providers and Parents, Item 1b regarding reporting as required.

3 b. Follow Up On Recommendations

Recommendations from FCRB are documented in CAPSS dictation and

appropriate tabs.

The foster care / IFCCS worker and supervisor determine if follow up is needed to address the FCRB recommendations.

See Section [842](#), Preparation for the Foster Care Review Board.

4. Permanency Planning Hearings

The foster care/ IFCCS worker prepares the supplemental report for the permanency planning hearing to be held within one year of the child's entry into care.

4 a. Presentation of the Child's Views

The child is engaged in a discussion regarding how the child's views on permanency will be presented. The child may attend or write a letter.

See the following sections for additional information on permanency planning hearing, the supplemental report to the court and the child's attendance to inform the court of the child's views on permanency and transitioning from foster care.

[843](#) Permanency Planning Hearings

[843.01](#) Supplemental Report Outline and Guide

5. Supervisory Review

The foster care / IFCCS supervisor conducts a review of the child's case record within six (6) months of the child's entry into foster care using the Foster Care Supervisory Review Checklist/Staffing Guide to assess for timely permanency and implement follow up actions and time frames as needed.

The completed checklist must become a part of the child's record. Following the initial review, subsequent reviews are to be conducted on at least an annual basis.

6. Next Steps

The next steps in the casework process regarding ongoing services and supervision are contained in the following sections:

[819.01.04](#) Ongoing Case Management

[819.01.05](#) Placement Change

[819.01.06](#) Placement of a Foster Child Who is a Sex Offender

[819.02](#) Contacts with the Child, Providers, and Parents

See also the following sections regarding ongoing services/supervision:

[819 Minimum Ongoing Services/Supervision: Safety and Appropriateness of Placement](#)
[819.01 Permanency: Living Situation and Stability of Placement](#)
[819.01.01 Permanency: Continuity of Relationships and Parent/Child Visitation](#)
[819.01.02 Well Being: Education, Mental and Physical Health](#)

Referenced Documents

HS 819
HS 819.01
HS 819.01.01
HS 819.01.02
HS 819.02
DSS 30231
HS 824
DSS 30207
SC Statute 63-7-2310
HS 842
HS 843
HS 843.01
HS 819.01.04 - 819.01.06

Revision Comments

This is a new subsection which focuses on the process of case review. Actions and information related to case review in other sections (i.e. 810. 810.01, 843.01, and 842) are included this subsection for easy access of information on case review. Revisions were made for consistency with the agency's assessment and case planning process (DSS 30231).

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care
Revision Number: 09-08

Effective Date: 12/11/2009

819.01.04 Ongoing Case Management

This section focuses on ongoing case management activities including board payments, child's income, clothing allowance, management of health and education records, maintaining IV-E eligibility and entry of information into CAPSS.

This section is a continuation of the ongoing services/supervision for the child in foster care in the following sections:

819 Minimum Ongoing Services/Supervision: Safety and Appropriateness of Placement.

819.01 Permanency: Living Situation and Stability of Placement

819.01.01 Permanency: Continuity of Relationships and Parent/Child Visitation

819.01.02 Well Being: Education, Mental and Physical Health

819.01.03 Ongoing Review and Assessment

See Section 819.02 Contacts with the Child, Parent, Providers (required monthly contacts)

See Item 2 in this section for next steps in ongoing services and supervision.

Primary Legal Basis: Federal and State:

See 819 for the primary legal basis for actions in this section.

1. Eligibility and Other Activities

The foster care / IFCCS worker completes any and all necessary eligibility forms/processes to maintain child's benefits and services, including but not limited to:

- Board payments (update placement information in CAPSS). See CAPSS Users Guide.
- Entitlement programs / Income (SSI, SSA, Veterans benefits). See Section 810.02 Intake Funding Notes regarding the management of the foster child's income and income resource limits.
- Child support and diligent search to locate parents and relatives. See Section 810 Basic Requirements During Foster Placement, Item 21, and Section 810.01, Entry Into Foster Care Items 1 - 3.

- Medicaid. See Section [810.01](#), Initial Assessment and Planning, [Item 6](#).
- Initial clothing allowance and subsequent clothing allowances (according to the availability of funds). See Section [816](#) Clothing Allowance;
- Funding for service delivery by other providers. See eligibility criteria for FLEX funding Chapter 7, Section [761](#). Contact ABC child care staff, if applicable regarding funding for Child Care.
- IV-E assessment and reviews. See Section [810.01](#) Entry Into Foster Care, [Item 7](#) and follow instruction from IV-E eligibility Unit for update and review.
- Agency data system (CAPSS). Data elements and case dictation are updated promptly to ensure timely and correct amounts for board payments and current and accurate data to meet requirements for reporting and monitoring. See [CAPSS User's Guide](#).

1 a. Maintenance of Education and Health records

Education and health records are maintained in the child's agency case file (federal requirement).

To the extent available and accessible, foster parents or care givers (relative or facility) are provided with the child's health and educational records.

Parents/guardians and youth emancipating from foster care are given copies of education and health records.

Educational records include the names and addresses of the child's educational providers, the child's grade level performance, and any other relevant education information. Copies of child's educational records are filed in the child's case record and kept up to date to the extent available and accessible.

Health records for the child include names and addresses of the child's health care providers, a record of relevant health information, including immunizations, and treatment services for health and dental needs.

Copies of the child's medical records and information are kept in the child's file.

See the following sections:

[810.01](#) Entry Into Foster Care for information regarding actions to be initiated at the time of entry regarding health and education records.

[818.5](#) Education and Health Passport

2. Next Steps

The next steps in the case work process regarding ongoing services and supervision are contained in the following sections:

[819.01.05 Placement Change](#)

[819.01.06 Placement of a Foster Child Who is a Sex Offender](#)

[819.02 Contacts with the Child, Parent, Providers](#)

Referenced Documents

HS 819 - 819.01.03

819.02

CAPSS Users Guide

HS 810.02

HS 810

HS 810.01

HS 816

HS 761

HS 818.05 - 818.05.02

HS 819.01.05 - 819.01.06

Revision Comments

This is a new subsection that focuses on the ongoing case management activities. Information in now obsolete Section 819 has been put in this new section. Additions/ revisions were made for clarity and consistence with update/revisions in other sections.

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CHAPTER 8, Foster Care

Revision Number: 10-07

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819.01.05 Placement Change

This section focuses on the requirements when a placement setting change must be made for a foster child.

This section is a continuation of the ongoing services/supervision for the child in foster care in the following sections:

819 Minimum Ongoing Services and Supervision: Safety and Appropriateness of Placement.

819.01 Permanency: Living Situation and Stability of Placement

819.01.01 Permanency: Continuity of Relationships and Parent/Child Visitation

819.01.02 Well Being: Education, Mental and Physical Health, Transition to Adulthood

819.01.03 Ongoing Case Review/Assessment

819.01.04 Ongoing Case Management

Primary Legal Basis: Federal and State:

See Section 819 for the primary legal basis for actions in this section.

Placement Change

When a placement change is necessary, the following requirements apply:

See Sections 845 - 845.04 regarding notice to foster parents.

1. Race, Color, National Origin

- Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child, unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider and providers may not be denied the opportunity to provide care on the basis of the RCNO of the child or the provider.
- Expressed placement preferences from the child or birth parent concerning RCNO shall not be considered.

- Placement documentation must reflect the particular individualized needs of the child, the placement options for the child, justification describing why the selected caregiver is the most appropriate choice. RCNO of the child or prospective family shall not be used as a selection factor.

- If the consensus of the team is that placement with a family of a specific RCNO should be considered because it is in the child's best interests, the worker locates a licensed professional (child psychologist, child psychiatrist, clinical social worker or similar professional) to conduct an individualized assessment of the child's particular needs. The following information is submitted to the licensed professional:

- relevant background information concerning the needs of the child;
- psychologicals;
- a written explanation of MEPA/Title VI as it applies to foster care and adoptive placements;
- contact information for MEPA Plan Monitor (technical assistance regarding MEPA/Title VI as it applies to foster care and adoptive placements).

The licensed professional must sign an acknowledgement that they have received a written explanation of MEPA/Title VI (as it applies to foster care and adoptive placements). If the written individualized assessment finds that considering RCNO is in the child's best interests, the assessment must detail how considering RCNO is in the child's best interests, and why doing so is the only way to achieve the best interests of the child.

- The written assessment is submitted to the MEPA Coordinator in State Office, who then submits it to OCR/ACF within seven (7) business days for review and comment.

2. Disclosure of Location of Placement and Placement Change

SC law requires that the worker advise the parent of the nature and location of the child's placement [unless there are compelling reasons for concluding that disclosure of the location of the placement to the parents, guardian, or other person would be contrary to the best interests of the child. When deciding whether compelling reasons exist for withholding placement information, staff should consider and document whether there is evidence of sexual abuse, physical abuse, substance abuse, or criminal domestic violence in the child's home. Staff must evaluate whether such information, or other compelling reasons, lead to the conclusion that disclosure of the location to the parents,](#)

guardian or other person is contrary to the best interests of the child.

The basis for not disclosing the location of the placement is documented in the child's case dictation in CAPSS and the family story in the case plan (CFASP).

3. Prior To A Placement Change

Prior to a placement change, the foster care / IFCCS worker completes the following:

- **The case evaluation** is completed regarding a placement change if the child's move involves a significant change in circumstances, such as the disruption of a long term placement.

Every placement change would not require a case evaluation. Some placement changes may already be a part of the case planning process. A case evaluation is not required, for example, for placement of siblings together or the move to a pre-adoptive home.

If the disruptions/changes in placement become a pattern or trend of instability, a case evaluation is completed to develop a plan (i.e. services) to address **placement and educational stability** and proximity of placement of the child to his/her home community (the community in which the child's has connections).

The child's needs are reviewed to determine if services can be provided to the child or foster parent to support the placement and prevent disruption and/or to promote placement stability in a new placement, if appropriate.

See the following sections:

819.01.03 Ongoing Review and Assessment

824 Case Evaluation

- **The child and caregiver(s) are prepared for the move** to the extent possible based on the circumstances.

- **The child's case plan (CFASP) is updated** to reflect the child's new circumstances. For example, updates may include the plan and actions for siblings to maintain contact if siblings are separated and a reassessment of Domain 2, Safety in Current Placement, according to individual case circumstances.

See Section 819.01.01 Permanency:Continuity of Relationships and Parent/Child Visitation, Item 1 regarding proximity of placement to the parents' home, if appropriate.

- **The new caregiver is provided with** a copy of the child's current plan for services and background information including the medical, educational and mental health/behavioral information and the Education and Health Passport (DSS 30245).

- **The safety of the placement is assessed at, or within 48 hours of placement, and ongoing thereafter.** See Section 810 Basic Requirements During Foster Placement, Item 4.

- The county attorney is notified (according to county/regional protocol) of current foster provider's name and address in order for the provider to receive notice of all hearings concerning foster care. Foster parents and relative caregivers are notified of all hearings regarding the child and have a right to be heard.

- **CAPSS** is updated promptly when there is a placement change.

4. How the change is to be accomplished depends upon whether the removal is on an emergency or non-emergency basis. Refer to the following sections for additional information regarding time frames for notices and rights of foster parents to appeal a removal.

845, Change in Foster Placement

845.01, Foster Parent Requests Child Be Moved

845.02, Emergency Removal of a Child From Foster Placement

845.03, Non-emergency Removal of a Child from a Placement of 120 Days or Longer

845.04, Court Approved Change in Permanent Plan that Involves Move from the Current Foster Home.

5. If the child is placed in an emergency shelter, concerted efforts are made to place the child in a stable and appropriate placement to meet the child's needs.

See Section 817 Emergency Shelter Care and Section 819 Minimum Ongoing Services and Supervision: Safety and Appropriateness of Placement.

6. Next Steps

The next steps in the case work process regarding ongoing services and supervision are contained in the following section:

819.02 Contacts with the Child, Parent, Providers

See the following sections for other requirements and actions related to the minimum ongoing services / supervision.

819 Minimum Ongoing Services and Supervision: Safety and
Appropriateness of Placement
819.01: Permanency: Living Situation and Stability of Placement
819.01.01 Permanency: Continuity of Relationships and
Parent/Child Visitation
819.01.02 Well Being: Education, Mental and Physical Health,
Transition to Adulthood
819.01.03 Ongoing Review and Assessment
819.01.04 Ongoing Case Management
819.01.05 Placement Change
819.01.06 Placement of a Foster Child Who is a Sex Offender

Referenced Documents

DSS 30245, CFASP

Revision Comments

Revised for compliance with statute regarding disclosing the location of the child's placement.

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Revision Number: 10-02

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819.01.06 Placement of a Foster Child Who is a Sex Offender

This section provides the specific actions according to South Carolina law that must be completed [prior to placement of](#) a foster child adjudicated for a sex offense.

[Refer to Section 819.01.07 for requirements regarding registration of a sex offender under the age of 17.](#)

Primary Legal Basis

S.C. Statute 63-7-2360B: The placing agency must inform the foster parent/[provider](#) in whose home the minor is placed of that minor's prior history of a sex offense.

[The following is a listing of the "sex offenses" according to SC Statute 63-7-2360 that mandate restrictions on the placement of a child in a foster home:](#)

- (1) criminal sexual conduct in the first degree, as provided in Section 16-3-652;
- (2) criminal sexual conduct in the second degree, as provided in Section 16-3-653;
- (3) criminal sexual conduct in the third degree, as provided in Section 16-3-654;
- (4) criminal sexual conduct with minors in the first degree, as provided in Section 16-3-655(A);
- (5) criminal sexual conduct with minors in the second degree, as provided in Section 16-3-655(B);
- (6) engaging a child for a sexual performance, as provided in Section 16-3-810;
- (7) producing, directing, or promoting sexual performance by a child, as provided in Section 16-3-820;
- (8) assault with intent to commit criminal sexual conduct, as provided in Section 16-3-656;
- (9) incest, as provided in Section 16-15-20;
- (10) buggery, as provided in Section 16-15-120;
- (11) committing or attempting lewd act upon child under sixteen, as provided in Section 16-15-140;
- (12) [violations of Article 3, Chapter 15 of Title 16 involving a child when the violations are felonies;](#)
- (13) [accessory before the fact to commit an offense enumerated in this item and](#)

as provided for in Section 16-1-40;

(14) attempt to commit any of the offenses enumerated herein; or

(15) any offense for which the judge makes a specific finding on the record that based on the circumstances of the case, the minor's offense should be considered a sex offense.

1. Selection of Placement

According to state law, no agency may place a minor in a foster home if the agency has actual knowledge that the minor has been adjudicated delinquent for, or has pled guilty or nolo contendere to, or has been convicted of a sex offense, unless:

a. the placement is in a therapeutic foster home; or

b. the minor is the only child in the foster home at the time of placement and for the length of that minor's placement in the foster home.

• The agency, upon a showing of "good cause," may obtain a court order allowing the minor to be placed in a foster home other than the two specific options listed above.

"Good cause" shall include, but not be limited to, the fact that the minor is being placed in a home with his siblings.

Such placement must not put any siblings at risk.

See Section [815](#) Placement Procedures for Special Needs Children for specific requirements that must be followed regarding the use of therapeutic placement.

2. Informing the Provider

The CPS, Foster Care, or IFCCS worker informs any foster provider of the minor's past sexual offense(s) prior to placement so that the caregiver is aware of the sex offense(s) prior to making the decision to accept the placement.

See Section [810](#) Basic Requirements During Foster Placement, Items [14e](#) and [18](#) regarding sharing of information with the caregiver.

Referenced Documents

SC Code References: See Introduction

HS 815

HS 810

Revision Comments

This section contains some information that was previously in Section 819.01. Some items were reformatted and renumbered. References to other sections were added to some items. The statutory reference for the Children's Code

was updated and relevant state statutes were added.

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819.01.07 Registration of a Sex Offender Under the Age of 17

This section explains the requirement for registration as a sex offender for offenders under the age of seventeen.

Primary Legal Basis:

S. C. Statute 23-3-430: Sex Offender Registry

S. C. Statute 23-3-440: Notification of sheriff of offender's release, probation or change of residence; juvenile offenders.

S. C. Statute 23-3-450: Offender registration with sheriff; sheriff's notification of local law enforcement agencies.

S.C. Statute 23-3-460: Bi-annual registration for life; notification of change of address; notification of local law enforcement agencies.

S. C. Statute 23-3-500: Psychiatric or psychological treatment for children adjudicated for certain sex offenses.

1. Registration as Sex Offender

According to state law, it is the parent or guardian's responsibility for ensuring that a person under the age of seventeen (17) who is a sex offender is registered with the local county sheriff in the county where the child resides. The child must be registered within one business day of release from a DJJ facility. The foster child's case worker ensures that the minor has been registered with the local county sheriff of the county where the child resides.

The Sex Offender registration usually requires a fee. The Sheriff's Office(s) where the youth will be registering can provide information regarding the possibility that any required fee may be waived.

Registration must occur bi-annually for the rest of the offender's life

"Bi-annually" means twice a year and is defined in SC Statute 23-3-460 as "each year during the month of his birthday and again during the sixth month following his birth month."

Notification of Change of Address

Written change of address notification must occur within ten days of an

offender's move. This includes all moves due to changes in foster care placement. If the minor moves from one county to another, both the past sheriff's department as well as the new sheriff's department must be notified.

2. Offender Under Age 12

A first time offender under the age of twelve (12) is required to register; however, the offender's name or any other information collected for the offender registry shall not be made available to the public. For any subsequent offenses, all registry information concerning that person shall be made available to the public.

A court must order that an offender under twelve years of age be given appropriate psychiatric or psychological treatment to address the circumstances of the offense for which the child was convicted, pled guilty or nolo contendere, or adjudicated. The agency will take the necessary steps to ensure that court ordered services for a minor under age 12 are secured.

Referenced Documents

SC Code References: See Introduction

Revision Comments

This section contains some information that was previously in Section 819.01. Some items were reformatted and new information was added. Legal basis was added.

South Carolina Department of Social Services
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819.02 Contacts with Child, Providers and Parents

This section identifies the basic standards for contact with the child, parents, and foster care provider and the actions in the case work process to meet requirements.

This section is used conjunction with the following sections regarding ongoing services and supervision as follows:

819.01 Permanency: Living Situation and Stability of Placement

819.01.01 Permanency: Continuity of Relationships and Parent-Child Visitation

819.01.02 Well Being: Education, Mental and Physical Health

819.01.03 Ongoing Review and Assessment

819.01.04 Ongoing Case Management

819.01.05 Placement Change

Primary Legal Basis: Federal and State:

See Section 819. The federal and state statutory requirements are integrated into this section.

See the following SC Statutes:

63-7-2310: provides for the minimum of monthly face to face contacts with the foster child and the requirement to report contacts and other actions not completed.

63-7-1680: provides that the family court may order more frequent contacts.

1. Child Contact: Frequency and Location

A minimum of monthly face-to-face contact is maintained with each foster child by the child's worker or member of the child's case work team. See Item 1a in this section for contacts with youth age 18 and over.

The contacts focus on issues pertinent to case planning and service delivery **to ensure the child's safety, permanency, and well being.** The contacts include reviewing the progress in meeting the child's needs and supervising the placement.

Monthly contact is defined as being within each calendar month.

The child's case work team includes child welfare agency staff who have ongoing knowledge or responsibility for a specific foster child and who are have been designated to make the contact in lieu of the child's worker by county/regional management.

Documentation of monthly contacts must be entered into CAPSS prior to the end of each month. See Item 1b in this section regarding the exception reporting requirement.

When the worker is visiting with a sibling group placed together, some individual time should be spent with each child separately from the siblings as well as some time together.

Good casework practice anticipates the continuity of worker-child relationships. However, for children placed out of county, a worker in the county of placement may be designated to conduct the monthly interviews. Inter-county agreement (DSS 1530) is needed in advance of designation to confirm staff availability.

1 a: Frequency of Contact

Child age 0 to 18:

The minimum standard for frequency is monthly for the child's worker or member of the casework team to have face to face contact with the foster child up to age 18 by state and federal law.

More frequent contacts (than the minimum) are made based on the particular needs and circumstances of the child. See also Emergency Shelter below.

If conditions in the foster home or circumstances with the foster children so indicate, staff must conduct more frequent visits and interviews for the purpose of increased oversight or casework or other support for the foster parent.

The court may order more frequent contacts. (SC Statute 63-7-1680).

- **Emergency Shelter:** The worker maintains weekly contact with the child and face-to-face visits every other week during the child's entire placement at the emergency shelter.

As shelter placements are temporary, concerted efforts to place the child in a stable and appropriate placement are begun prior to or immediately after placement of the child in the temporary emergency placement setting.

See Section 817 Emergency Shelters for follow up on arrangements to place the child in the most-like family setting that meets the child's needs as quickly as possible.

- **Placement in Group Home or Facility:** The minimum standard (Item 1 a in this section, includes monthly face-to-face contact **at the facility** with youth residing in a licensed group home or any other facility.

This includes placements in group care, institutions, Juvenile Justice facilities, Disability and Special Needs program, therapeutic foster care, and Mental Health.

The case manager interviews the caregivers (facility staff who provided day-to-day care).

- **Youth case managed by IFCCS with siblings in the home:** When a youth in foster care is being case managed by IFCCS and the family is or becomes a CPS treatment family or if there are siblings at home who are listed on the court order, a county case worker provides CPS services to the family including monthly face to face contacts with the siblings in the home.

See CPS Section 731.01 Caseworker Treatment Processes for specific direction.

The county office determines if a CPS or Foster Care worker provides the in-home treatment services.

- **Child Place Out of State:** The ICPC request for a home study and placement in another state includes the request for the receiving state to make monthly face-to-face contacts and provide written progress reports (at least quarterly).

See Interstate Compact, see Section 841.01 regarding requirements related to compliance with the Interstate Compact for the Placement of Children (ICPC).

Youth Age 18 and Over:

The minimum frequency standard is as follows:

- **Youth with After Care Agreement:** Monthly face-to-face contact with the youth over age 18 years of age who voluntarily completes an aftercare

agreement (DSS 30136) and resides in a DSS licensed foster home;

- **Youth Case managed by IFCCS**: Monthly face-to-face contact with the youth 18 years and older case managed by Intensive Foster Care and Clinical Services.
- **Youth attending college in-state**: Quarterly face-to-face contact with the youth who voluntarily signed the After Care agreement for Persons age 18 - 21 (DSS 30136) and who is attending an in-state technical school, college or university;
- **Youth attending college/training out of state**: Quarterly phone contact with the youth who voluntarily signed the After Care agreement for persons age 18 - 21 (DSS 30136) and is attending an out-of-state technical school, college or university. This includes Job Corps.

1 b: Reporting When Required Contacts/Actions Not Made

If the required contacts/actions do not occur for the child under age 18, (reference SC Statute 63-7-2310), the **failure** to visit must be reported to DSS State Office.

The designated unit to receive the reports is the IV-E / Licensing Unit.

The report is made using the exception report (DSS-30207).

The worker and members of the casework team document the required contacts or actions in the child's case record as follows:

- Whether the assigned caseworker or member of the casework team did or did not conduct monthly interviews or face-to-face contacts with foster parents and quarterly contacts with other adults in the home in the home. (See Item 2 and 2 a in this section regarding contacts with the provider).
- Whether the child age five or older has a card with the 1-800 toll free number and, if not, whether the child was given a new card. (See Section 810 Item 7 Entry Into Foster Care and Section 819 Item 1 a Ongoing Services / Supervision: Safety and Appropriateness in the placement.)
- Whether or not the foster parents were notified and encouraged to attend the Foster Care Review Board meeting.

If the foster child is placed out of state, the statute does not require reporting to State DSS if monthly contacts/actions are not made according to the ICPC request. See Section 841.01 regarding contacts for children placed out of state.

1 c: Location of Contact: Percentage of Contacts in the

Placement Setting

The majority of face to face visits with the child on an annual basis are conducted in the placement setting to assess child safety and well-being. This is a federal requirement.

When face to face contacts with the child occur in the placement setting, the CAPSS dictation codes must be "Face to Face" and "Home Visit." This is necessary for CAPSS reports to determine the percentage of face to face contacts that occur in the placement setting for federal reporting and analysis.

If necessary, the child is interviewed outside the foster care setting to gather information from the child (but not to replace face to face visits in the foster setting). The worker follows up on concerns identified based on the information disclosed.

1 d: Purpose of Contacts: Safety, Permanency, Well Being of the Child

Contacts with the child and contacts with other individuals regarding the child are for the purpose of determining the safety, permanency, and well being of the child.

On an ongoing basis, the foster care/ IFCCS worker **informs the foster provider of any new information about the child** that could affect either the ability of the foster provider to care for the child or that could affect the health and safety of the child or the foster family.

To assure the health and safety of the child during the required contacts, the worker must interview and observe the child in order to determine if the child should be interviewed outside the presence of other adults and other minors who reside in the home.

If the worker has concerns about the child's safety in the placement or suspects abuse or neglect, the worker must interview and observe the child outside the presence of other adults and other minors who reside in the home.

If there is a concern regarding potential abuse or neglect, the worker must follow the procedures outline in Section 838 Report of Abuse or Neglect in Placement.

During the prescribed contact, the worker ensures that the foster child who is age appropriate (5 years of age and older) has the printed HELPLINE card with

the toll free number. If the child does not have this card available, the worker provides another card. See [Section 810 Item 7 Basic Requirements During Foster Placement](#) and [Section 819 Item 1 b.](#)

Contacts are used for case planning, a review of progress in meeting the child's needs and the supervision of the placement.

The case manager uses information from the initial assessment and the ongoing assessment/review (DSS- 30231) of the child's needs.

The case manager makes conclusions from direct observations and from information obtained from the child and other individuals/sources.

In preparation for a monthly visit with the child, the worker reviews the child's case plan (DSS-30231) regarding what services should be in place for the child at the current time, makes contacts regarding the status of services, and confers with individuals involved with the child. For example, other individuals to contact regarding the child include parents, foster parents or other caregivers, service providers, therapists, child day care providers, school personnel, the licensing worker, the adoption worker, worker(s) for other children in the foster home, etc.

When services are being provided to support the placement, the effectiveness of the services is also be included in the assessing for safety and appropriateness of the placement.

See the following sections:

[819 Minimum Ongoing Services and Supervision: Safety and Appropriateness of Placement](#)

[819.01.05 Placement Change](#)

[819.01.03 Item 2, Ongoing Review and Assessment](#)

[Item 2 a in this section Foster Parent/Provider Contacts Purpose.](#)

1 e: RCNO (Race, Color, National Origin)

When a placement change is being considered, there are **specific guidelines regarding race, color, and national origin (RCNO) and notice to the provider that must be followed.** See [Section 819.01.05 Item 1 Placement Change](#):

2. Foster Parent / Provider Contact Frequency

Contacts are maintained by the child's worker with members of the foster home

in accordance with the following **time frame standards as per state law:**

- a monthly interview either in person or by telephone with the foster provider
- face-to-face interview at least once every two months with the foster provider [in the foster home](#);
- face-to-face interview with all adult members of the foster home on a quarterly basis (can be individually or as a group); and
- face-to-face interview with any new adult moving into the foster home within one month of the adult moving into the home.

Note: Licensing worker must see new adults within 2 days. See Section [918.02, Item 2 Standard Licenses with Temporary Waivers](#).

The [requirements](#) for contact [apply](#) to foster parents/pre-adoptive parents, and relatives who have not become licensed.

For the child placed in group care or other facility, the worker interviews the care giver (i.e. facility staff who provides day-to-day care). See [Item 1 in this section](#).

If conditions in the foster home, or circumstances with the foster children so indicate, staff must conduct more frequent visits and interviews for the purpose of increased oversight or casework [or other](#) support for the foster parent.

When there are multiple workers involved with children in a foster home, a specific worker may be designated to conduct the interviews with the other adults in the home.

While the legal requirements for contacts with the foster parent can be met by members of the case team (including the licensing worker or foster care worker), good practice includes the child's case manager maintaining contact with the provider to ensure the child's needs for safety, permanency, and well being are met.

In compliance with state statute, [the worker](#) documents in the child's case record whether the assigned caseworker or member of the casework team did or did not conduct monthly interviews or face-to-face contacts with foster parents in the home. See Section 1 b in this section regarding the requirement for exception reporting.

Additional contacts (such as by telephone or e-mail) are also documented in CAPSS.

Child Placed In Group Care Or Congregate Living Placement

If the child is in a group care [or congregate living placement](#), a face-to-face contact must be made with the child at the facility. The worker interviews the caregivers (facility staff who provide day-to day care).

See the following section:

[819 Ongoing Services/Supervision: Safety and Appropriateness of Placement](#)

2 a. Foster Parent/ Provider Contacts Purpose

The Foster Care / IFCCS Worker [completes](#) the above outlined [contacts with members of the foster home for the purpose](#) of assessing and [following up to address identified needs through](#):

- [Ongoing](#) assessing of the foster parent/provider's ability to maintain a safe and appropriate placement for a child.
- [Identifying and arranging available](#) services the provider may require to facilitate caring for the child, (i.e identifying [what the foster parents need to enhance care and supervision of the child such as respite, assistance with transportation needs, counseling to address child's behaviors](#)).
- [Monitoring](#) relationships of the child [with the caregivers and others in the placement setting for safety and connection](#);
- [Involving the foster parent/provider in development of visitation and service planning for the child](#);
- Keeping the [foster parent/provider](#) apprised of ongoing plans ([i.e. treatment services and permanency plans in the case plan DSS 30231](#)) and [newly acquired information regarding](#) the child;
- [Sharing and documenting information of unusual injuries, incidents or illnesses of a foster child with the licensing worker and other agency personnel who have an interest in the foster home and taking action to ensure child is safe, such as removal from the foster home, if appropriate.](#)
- [Following up with the caregiver/provider on the results of any medical treatment that may have been requested related to a child's illness, incident, or medical condition.](#)
- [Following up with the caregiver/provider on the child's progress in school and addressing any identified problems.](#)
- [Reviewing the Education and Health Passport \(DSS 30245\) to obtain copies of recent medical or education documents to file in the permanent record. See Section 819.04 Ongoing Case Management and Section 818.5 Education and Health Passport.](#)
- [Discussing the foster parent or providers participation in the hearings.](#)

[When the foster caregiver \(foster parent or other provider\) has roles or actions](#)

as a part of the child's plan (DSS 30231), the caregiver is included in the development of the plan related to the caregiver's role and given a copy of the portion of the plan that relates to the role or actions agreed upon with the parents and/or child (if applicable) and the caregiver.

The worker follows up with the foster care provider and service providers on identified problems and works with the foster parents/providers in a manner which is least intrusive and disruptive to the lives of foster children and providers/families.

The child's case plan (DSS 30231) includes actions to address the foster parents' needs in the child safety domain or other appropriate domain.

The child's case plan (DSS 30231) includes actions to address identified problems regarding the child with input from the child, parent(s), foster care provider, and service provider as necessary for the individual case circumstances.

If there is to be a change in the current placement, see Placement Change in Section 819.01.05 Sections 845 - 845.4 regarding the required notice of placement change

The worker keeps the county attorney (or the designee) informed of the current foster parent's name and address to ensure the foster parent receives notice of hearing regarding the child and the foster parent is advised of the right to be heard in the family court proceeding. See Section 843 and 843.01 regarding the role of the foster parent in permanency planning hearings.

3. Parent - Worker Contact Frequency & Purposes

The Foster Care / IFCCS Worker completes a minimum of monthly face-to-face contact with the parents or guardians from whom the child was removed or to whom the child may be reunited for the **purposes** of:

- Ongoing assessment of the mother and /or father's ability to maintain a safe and appropriate home for the child unless reunification has been ruled out by the court.
- Identifying any services the parents may require to develop the protective capacities related to identified safety threats.
- Reviewing of (assessing and monitoring) progress of any ongoing services to determine if the service plan has been effective in successfully changing the behaviors or home circumstances that must exist in order for the child to be returned home;

- Assessing and monitoring adult/parenting relationships with children;
- Sharing information with and obtaining information from the parent regarding the child's well-being.

When the **agency has been relieved of providing services to reunify the parent and child**, then monthly contacts are not required but are maintained as needed to promote the child's well-being.

In a situation where failure to remedy is the primary basis for a TPR action, it may be necessary to maintain contact with the parents to monitor continued efforts to complete the treatment plan.

In addition, if the agency has been relieved of providing services to the parent, **unless barred by court order**, the parent is included in the development of the child's treatment plan (DSS 30231) and the case plan evaluation. When the parent is participating in the development of the child's plan, the parent's signature is included on the notice and signature page for the child's treatment plan. If the parent declines to participate, the worker documents in CAPSS dictation and the notice and signature page the parent's refusal to participate and sign the plan (DSS 30231).

If parent-child visitation is continuing, face-to-face contacts of the worker and parents related to visitation are documented in CAPSS as face-to-face visits, i.e. during supervision of visits by the worker.

If the absent parent(s) is/are not cooperating, the worker sends monthly correspondence to the last known address of the parent(s) until a joint decision is made to stop sending the correspondence. The individuals included in the joint decision making include, but is not limited to, the worker, supervisor, county attorney and as needed other members of the casework team.

If the whereabouts of the absent parent are unknown, see Section 810.01 Entry Into Foster Care.

See also the following sections or guide:

810 Basic Requirements During Foster Placement

810.01 Entry Into Foster Care

820.01 Implementation of the Treatment Plan

CFASP - Instructions and Practice Guide

4. Next Steps

The ongoing case work process and ongoing services and supervision are contained in the following sections:

[819](#) [Minimum Ongoing Services/Supervision: Safety and Appropriateness of Placement](#)

[819.01](#) [Permanency: Living Situation and Stability of Placement](#)

[819.01.01](#) [Permanency: Continuity of Relationships and Parent/Child Visitation](#)

[819.01.02](#) [Well Being: Education, Mental and Physical Health](#)

[819.01.03](#) [Ongoing Review and Assessment](#)

[819.01.04](#) [Ongoing Case Management](#)

[819.01.05](#) [Placement Change](#)

[819.01.06](#) [Placement of a Foster Child Who is a Sex Offender](#)

Referenced Documents

SC Statute 63-7-2310

SC Statute 63-7-1680

HS 819.01 - 819.01.05

HS 810

HS 817

HS 731.01

HS 841.01

DSS 30136

DSS 30207

HS 838

HS 917.01

DSS 30231

DSS 30245

HS 818.5

HS 845 - 845.4

HS 843

HS 810.01

HS 820.01

Revision Comments

This section was revised to include in one section the requirements and case work processes regarding worker contacts with the child, foster parent or other care giver/provider, and the parent. Information from the now obsolete Section 810.01 and 819 were added. Existing wording was revised for clarity and consistency. The revised requirement for frequency of contact with the child in an emergency shelter was updated for consistency with a revision to Section 817. The frequency for contact with caregivers for children in group facilities was clarified.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 05-01

Effective Date: 11/03/2005

819.03 Public School and the Special Needs Child

The public school systems offers a variety of services for children who have special needs including:

- » instruction in varied settings such as the classroom, home, hospital or other settings;
- » physical education;
- » speech-language services;
- » travel training; and
- » career and technical education

The Individuals with Disabilities Education Act Amendments of 1997 (IDEA-97), Section 504 of the Rehabilitation Act of 1973 and State law mandate that all children with disabilities ages three through twenty-one shall be provided a “free and appropriate public education, including special education and related services.” (Regulation 43-243). Generally the public school system considers a child with special needs or disability to include the following: mental retardation, hearing impairment (including deafness), speech or language impairment, visual impairment (including blindness), serious emotional disturbances, orthopedic impairments, autism, traumatic brain injury, other health impairments, and specific learning disabilities. If a child is having difficulty in school, they may have a disability that is not obvious or readily apparent. In order for a child to receive services from the school, the child must be assessed for eligibility. The following information and procedures are provided to assist in understanding the mechanism to obtain these services.

Foster Care/MTS worker

1. Inquires with the biological parent(s) or foster child if they attend or ever attended special needs classes.
2. Requests a screening from the school district to determine if the child is eligible for services. A screening will determine if a follow-up assessment is necessary.
3. Provides necessary information, completes any paperwork, and follows-up as necessary with the school district.
4. Approves an evaluation of the child if the screening suggests that the child may have a disability. An evaluation must assess all areas related to the disability including, if

appropriate, his or her health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities.

a. The school district will complete an evaluation within forty five (45) days of the agency's/parent's consent.

b. If a child is from another school district and had an evaluation that confirmed a disability, the school district to which one is currently applying to has the option to conduct another evaluation or accept the previous evaluation.

c. If the evaluation determines that a child is not eligible for services, there is a means to appeal the decision through due process and/or to request an independent evaluation at public expense if felt the initial evaluation was inappropriate. Contact the Special Needs Coordinator at the local school district for more information.

5. Notifies the biological parent, foster parent and Guardian Ad Litem of the results of the screening/evaluation and informs them of any additional meetings surrounding an individualized educational plan (IEP). An IEP meeting must be held within thirty (30) days of the determination of eligibility. The purpose of the meeting is to determine goals, objectives and the appropriate placement/setting (self contained class, regular class, residential placement, etc.) to help the youth.

a. A school district is only required to provide **seven (7) calendar days advance notice of an IEP meeting** (unless it is an expedited meeting, in such circumstances only two (2) business days notice is required). Please ensure that other interested parties (foster parents, GAL, biological parents, etc.) are informed that they may receive very short notice of the IEP meeting. If the scheduled time is not convenient, the meeting may be rescheduled.

b. Members of an IEP team are usually comprised of a district representative, a principal, special education consultant, school psychologist or guidance counselor.

6. Notifies the biological parents, the foster child, foster parents and Guardian Ad Litem of the scheduled IEP as soon as possible. The foster child has the right to participate in the meeting if they are fourteen (14) years or older or if the youth has expressed interest in attending.

7. Attends, participates and assists with the IEP meeting. Forwards necessary information to the IEP team that addresses the foster child's problems/difficulties, and maintains confidentiality where appropriate. The school district must ensure the services to youth are provided within thirty (30) days of the evaluation.

(a) Forwards copies of the IEP to biological parent, foster parents and Guardian Ad Litem.

(b) Revises the child's treatment plan ([in Child and Family Assessment Service Plan, DSS Form 30231](#)) to reflect some of the goals of the IEP, especially goals that address transition services.

8. Follows-up as needed with additional IEP meetings which are generally conducted on an annual basis to review goals and progress. The school or parent may request a meeting if it is warranted.

Referenced Documents

Revision Comments

Item 7(b) inserted Child and Family Assessment Service Plan. 8/05

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Revision Number: The Human Services Policies Effective Date: 11/27/2012
and Procedures Manual, Section 819.04, Home
Schooling of Children in Foster Care by Foster
Care Providers, has been revised to include
details from the Agency Information Memo
regarding home schooling dated September 17,
2004. 12-1112-11

819.04 Home Schooling of Foster Children by Foster Care Providers

This section explains the requirements that must be met in order for a foster parent to home school a child in foster care.

Policy

A foster parent may home school a child in foster care provided the requirements listed in this section are met.

Agency Home Schooling Requirements:

1. DSS must approve the request for a child in foster care to be home schooled. The decision regarding home schooling is to be made on a case-by-case basis in conjunction with state office program staff.
2. Home schooling will be considered only when it is the optimal education experience for a child.
3. There must be a written justification as to what educational needs will be met by home schooling that cannot be met by the public school.
4. A letter of recommendation must be obtained from the child's teacher.

Mandated Requirement:

5. Qualifications of the foster parent must comply with SC Code of Laws Sections 59-65-40 and 59-65-45.
6. The school district must approve home schooling unless the foster/adoptive parent is a member of a recognized home schooling association.
7. A child's parent will be required to sign a waiver of liability to the school district.

Additional Information:

In addition to ensuring that the educational needs of the child are going to be met, the agency must be able to ensure the child's safety. School personnel provide a safety net for children by virtue of their training and daily contact. Home schooling takes the child out of the public view and reduces the child's

access to other adults. Provision for regular monitoring of the safety of the child must be in place before any approval for home schooling can be given.

Overview of Statutes/Regulations

SC Code of Laws Section 59-65-46. A foster parent may teach a foster child at home as provided in Sections 59-65-40, 59-65-45, or any other provision of law, if, in addition to any other requirements, home schooling of the child has been approved by the Department of Social Services or other agency having custody of the child.

SC Code of Laws Sections 59-65-40 and 59-65-45 Mandates specific qualifications of parents who home school.

Referenced Documents

SC Code of Laws, Section 59-65-40, 59-65-45 and 59-65-46.

Revision Comments

Revised to include Information Memo dated 9/17/04 regarding home schooling.

South Carolina Department of Social Services
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Revision Number: 03-02

Effective Date: 09/02/2003

819.05 Use of Private Schools

Children in foster care should be able to remain in the same school even if they are no longer residing in the same school zone, provided transportation is reasonably available. If a foster child formerly attended a private school and the parents are desirous of the child's continued attendance, the child may continue to attend the same school if the parents remain financially responsible and that the child's best interest/safety is maintained. Parents and foster parents must be advised that the agency cannot and will not pay for private schooling. Further, foster parents must be advised that the religious preferences of the child's parents must be respected when considering church affiliated schools and institutions.

Note: Agency staff need to approach parents about religious preferences.

Referenced Documents

Revision Comments

South Carolina Department of Social Services
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Revision Number: 09-06

Effective Date: 06/23/2009

820 Family Preservation

When foster care placement is necessary, [reasonable](#) efforts to [prevent removal and](#) achieve family preservation through reunification is required unless circumstances exist in which the family court determines the agency may forgo or terminate reasonable efforts,

Refer to Section 818.01, [for additional information regarding forgoing or terminating reasonable efforts.](#)

Primary Legal Basis

Federal

Social Security Act Title IV-B and IV-E: The Social Security Act includes requirements for reasonable efforts to prevent removal unless circumstances exist according to the legislation.

State

SC Statute 63-7-1640 Family Preservation: The Department is required to make reasonable efforts to preserve or reunify a family. The family court may authorize the department to terminate or forgo reasonable efforts if specific conditions exist.

The DSS workers, parents, child(ren), foster care provider, and service providers work together to reunite the family by coordinating casework services.

The DSS worker serves as an advocate for the child and family to facilitate services to reunite the family as expeditiously as possible.

Permanent Plans in order of priority are:

1. Reunification
2. Adoption (by relative, foster parents, or other)
3. Guardianship / Permanent Custody
4. Placement with A Fit and Willing Relative
5. [Another Planned Permanent Living Arrangement \(APPLA\).](#)

[Refer to Section 825, Permanency Planning for additional information.](#)

The Department also provides follow-up or aftercare services to children and their families, to the extent possible, to maintain reunification after the child is returned to the family.

Social Security Act Title IV-B and IV-E.
SC Statute 63-7-1640

Revision Comments

This section was revised for clarity and consistency with permanency plan options in other sections. Statutory reference were added.

South Carolina Department of Social Services
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Revision Number: 09-06

Effective Date: 06/23/2009

820.01 Implementation of the Treatment Plan with the Family

These procedures are the basic steps to be taken in implementing the family's case (treatment/placement) plan that is developed with input from parents and child(ren).

Refer to Directive Memo D02-39 related to Limited English Proficiency and Sensory Impaired Persons.

Refer also to the following sections for **additional information** regarding working with parents:

1. Section 810.01: Entry Into Foster Care regarding searches for absent parents, separation of siblings, and completion of the case plan.
2. Section 811 Indian Child Welfare Act
3. Section 825.01: Decision to Return A Child
4. Section 810.015: Concurrent Planning
5. Section 818.01: Assessing Whether to End Reasonable Efforts and Termination of Parental Rights
6. Section 818.02: Parents Who abuse or Are Addicted to Controlled Substances or Alcohol
7. Section 820: Family Preservation
8. Section 820.02: Working with Incarcerated Parents
9. Section 820.03: Parents Residing at In-Patient Facilities

Primary Legal Basis

Federal:

Social Security Act Title IV-B and IV-E: The Social Security Act includes requirements for reasonable efforts to prevent removal; content and review of case plan; placement setting requirements and permanency planning. The initial case plan must be developed within 60 days of child's entry into foster care.

Social Security Act Title IV-D: The Social Security Act also includes requirements related to child support enforcement for parents of children in foster care.

PL 95-608: The Indian Child Welfare Act (1978) is federal legislation that requires American Indian organizations and tribes be notified if a child is placed in foster care who is a member of a federally recognized tribe or eligible for membership in such tribe.

PL 015-89 The Adoption and Safe Families Act (1997) was passed by Congress to require states to expedite placement of children from foster care to permanent homes. It established safety, permanency, well-being as the national goals for children in foster care. Permanency plans in

order of priority are **reunification**, adoption, guardianship/permanent/custody, placement with a fit and willing relative, and Another Planned Permanent Living Arrangement (APPLA).

State:

SC Statute 63-7-1640: Family Preservation

SC Statute 63-7-1660: Services with Removal

SC Statute 63-7-1680: Approved or Amendment of Plan; Placement Plan

SC Statute 63-7-1690: Substance Abuse Issues

Once safety threats have been identified, a comprehensive family assessment including the family story is completed with the family's participation.

Then a case (treatment/placement) plan is developed with the parents and children. The plans for the children and parents are completed using the DSS-30231 and the CFASP Instructions and Practice Guide.

The family assessment and plan is completed prior to the removal hearing or within 60 days of the child's entry into foster care whichever is sooner. The assessment and plan is completed with the information available. For example, parents may not participate prior to the removal hearing on the advice of their attorney. The assessment would then be updated as parents are engaged in the treatment process and the removal hearing held if it has been continued.

Refer to Entry into Foster Care, Section 810.01 regarding completing the initial family assessment and developing the case (treatment) plan.

Additional Information Regarding Abuse and Neglect of Child in Foster Care

If it is determined that the child has experienced abuse and neglect by the parents that was not addressed in the initial investigation, assessment, and court ordered plan related to the child's removal from the home, then an additional CPS investigation/assessment may need to be completed. The worker should confer with the direct supervisor, CPS staff and county attorney to determine how additional information will be treated. An additional court hearing may be needed to amend the court findings and court ordered plan.

Involvement of Non-custodial Parents & Searches for Absent Parents

The **non-custodial parent** (mother or father) is considered as a placement resource and included in planning for the child.

If the **assessment of the non-custodial parent** is positive and approved by the court, the child is placed with the non-custodial parent. Treatment planning is provided to the parent from whom the child has been removed according to individual case circumstances.

If **concerns are identified** in the assessment of the non-custodial parent that would cause the child to be unsafe or at risk of future harm, confer with the direct supervisor and county attorney. An additional court hearing to amend the court order to address the concern(s) related to placement of the child with the non-custodial parent(s) may be needed.

If the **whereabouts of the non-custodial parent is unknown**, reference Section 810.01 regarding using the parent locator services of Child Support Enforcement (CSE).

When an **absent parent is located**, that parent is immediately assessed to be a placement resource, offered a visitation and treatment plan as appropriate for the individual case circumstances. If the absent parent can not be located by CSE locator services, a follow up is made with CSE every 6 months as a part of the 6-month case evaluation. Reference Section 824 for additional information regarding the case evaluation.

If the **non-custodial parent denies paternity**, contact must be made with the Child Support Enforcement Division (CSED) to determine if a child's case is already on file and if paternity has already been established. Paternity testing through CSED cannot be completed until a child support referral has been made. CSED staff will coordinate the testing and completion of the necessary forms. Reference Section 810.01 regarding making the referral to CSED.

Foster Care/IFCCS

1. Conducts **minimum of monthly face to face contacts with the parents**. The contacts may be individual conferences or Family Meetings/Team Decision Meetings.

The progress towards **achieving the permanent plan** must be reviewed at least monthly. (Reference the CFASP – Instructions and Practice Guide).

Initially the contacts may focus on circumstances surrounding the removal. These contacts facilitate engaging the parent(s) in the treatment process. It is usually advantageous to have contact with the family immediately following the removal hearing.

The parents should be encouraged to be actively involved in discussing the topics listed below during the monthly contacts. Updating the family story with information from the family is one way to engage the family.

The ongoing contacts focus on addressing the safety threats that caused the removal, timely permanency, and well-being of the child.

The following topics from the assessment and case plan are discussed with the parents.

- a. **Information from the most recent safety assessment and family story.** The family assessment is updated as additional information

is gathered, i.e. what has worked and not worked for the family in the past; what the family thinks will help. This includes the protective capacities that the family exhibits and the protective capacities the parents need to develop.

- b. **A review of the conditions for return of the child**, specific behaviors and home circumstances that must exist in order for the child to be returned home; **the court ordered and statutory time frames for reunification; and the obligation to visit and support the child.**

The following behavior/conditions are included in the assessment and planning:

- (1) Parenting, empathy and relationship with children
- (2) Mental Health and intellectual ability
- (3) Substance Abuse
- (4) Domestic Violence and other violent or criminal behavior; And general history of violence or criminal behavior
- (5) Medical Needs
- (6) Housing, food, employment and other basic needs
- (7) Other issues of need and history of child abuse and neglect, kinship, community support system.

- c. **A review of the action plan and services being offered;** and as the treatment progresses the effectiveness of the services to achieve the behavioral changes required to keep the children safe.

This includes verifying that services outlined in the plan are being delivered in the amount and frequency specified. The worker follows up as needed to ensure services are delivered according to plan.

This also includes changing or ending a service that is not achieving the intended outcome.

- d. **A review of the effectiveness of parent-child visitation and a plan.** If necessary, the worker and parent(s) develop a plan to address the barriers.

e. Recommendations from the **Guardian Ad Litem** and/or if available from the **Foster Care Review Board.**

f. Recommendations (if appropriate) from **other professionals** working with the family.

- g. Whether or not a **safety or in-home reunification plan** can be put into effect and the children (**with court approval**) be returned to the home; or if there is a lack of progress, a concurrent/alternate plan implemented to promote timely permanency for the child.

An updated safety assessment is completed with the family to determine if the safety threats have been addressed. Reference DSS-30231 and the CFASP Instructions and Practice Guide.

Reference Sections 824 Case Evaluation; 825.01 Decision to Return A Child; or Section 818.01 regarding ending reasonable efforts.

h. Review of **child's well-being (physical, mental health, and educational)** and **as appropriate the parent's active participation in child's activities**, medical appointments, therapy, counseling. In addition, for example, the dialogue regarding the child's educational information may include the child's report cards, standardized tests, interim reports and contact(s) with school officials.

Reference Section 819 Ongoing Supervision and Services for **implementation of the child's plan.**

i. **Updates** the assessment and plan as needed and documents the outcome of contacts / family meetings in CAPSS –“dictation” screen;

Foster Care/IFCCS Worker

2. Arranges for **parent-child visitation** at least twice monthly (unless contrary to the child's best interest and/or the court orders otherwise) and for sibling visitation, and contacts with individuals with whom the child has a significant relationship according to the visitation portion of the case plan.

Reference Section 819 Ongoing Supervision regarding visitation between siblings, if siblings are separated.

More frequent parent-child visitation is needed for younger children and prior to children being returned to the home of the parents.

The parent-child visitation plan should include activities that promote community connections as appropriate for the child's individual circumstances.

a. Determines with the parent and, if applicable service providers, **activities during visitation that link to addressing the safety threats identified.** The environment during the visitation should provide **opportunities** for the parents to learn and/or practice new behaviors.

b. Observes parent-child interactions during visitation; documents observations and behaviors in CAPSS dictation and provides feedback to the parent related to the identified safety threats and protective capacities.

When the visitation is observed/supervised by another individual, observations from that individual are documented in the CAPSS dictation

c. If the parent is not visiting, informs the parent that failure to visit is a ground for termination of parental rights.

d. **Updates the visitation plan** as appropriate and in compliance with the court order regarding frequency and duration of visitation; (i.e. visits prior to reunification).

A court hearing is arranged to address visitation if necessary.

Foster Care / IFCCS Worker

3. Within 60 days of child's entry, promotes the child's permanency by conducting a staffing to determine if a concurrent plan needs to be designated or implemented based on lack of progress in completing the plan. (Reference Concurrent Planning, Section 810.015.)

a. Reviews existing court orders for plan changes that may require court approval, i.e. to schedule a hearing to request court sanction for reunification.

If the court has ordered continued foster care for the purpose of reunification at a permanency planning hearing, the worker confers with the county attorney or paralegal to ensure that the next hearing is not later than six months from the last order. By statute the court can grant only one 6 month extension for reunification assuming the permanency planning hearing is held at the one year mark.

b. For timely permanency, if grounds exist, the agency may submit an action for Termination of Parental Rights (petition) without first obtaining court approval of a change in the permanency plan (Section 63-7-1680) and without first seeking an amendment of the placement plan (Section 63-7-1700).

Refer to Section 818.01 for additional information concerning exceptions.

4. At least every six months (minimum), completes a case evaluation to determine the progress in meeting the parents and child's treatment plan as follows:

Refer to Section 824 regarding the case evaluation.

a. Reviews documentation of information already obtained from contacts and reports regarding the parents progress. This includes contacts with the child, child's family, foster caregiver; contacts and reports from service providers, child care providers (day care), Guardian Ad Litem and other individuals.

b. Obtains current information from the above individuals and their analysis of progress (or lack of progress) in completing the most recent plan.

c. Once the information is gathered, uses the agency assessment and plan guide to organize the information; and then shares information in a supervisory review or other agency team to review progress.

The purpose of this review or evaluation process is to facilitate the identification and analysis of critical case information and the synthesis of that information into a planning process that engages the parents and/or child as appropriate for the individual case circumstances.

d. Reviews and updates the child's permanent plan as appropriate, including assessing viability of another permanent plan that will provide the child with greater permanency. Concurrent planning may be needed to implement another

[permanent plan for the child](#). (Refer to Section 818.025 regarding initial family meetings and [Section 843, Permanency Planning Hearing](#).)

[Foster Care Supervisor](#)

5. At least every six months following the child's initial entry into foster care, conducts a review of the case record using the Supervisory Review Checklist/Staffing Guide to assess for timely permanency and implement follow-up actions and timeframes as needed. The checklist must become a part of the child's record. Following the initial review, subsequent reviews are to be conducted annually.

Referenced Documents

SC Code of Laws, Section 63-7-1680.

SC Code of Laws, Section 63-7-1700

DSS Form 30231

CFASP Instruction and Practice Guide

Revision Comments

This section was revised for consistency with the family assessment and planning process. Some items were reworded. Statutory references were updated.

Introduction: Added references to other related sections; added primary federal and state legal basis; information regarding completion of the family assessment and plan, information regarding disclosure of additional abuse and neglect; involvement of non-custodial and searches for absent parents.

Item 1: Revised to include minimum monthly contact in this section; added monthly progress reviews, focus of contacts on child's safety, permanency and well-being; adds information to link dialogue during contacts to family assessment and plan.

Item 2: Clarifies increasing frequency of parent-child visitation; adds activities during visit to link to treatment plan.

Item 3: Clarifies promoting permanency of child.

Item 4: Clarifies link of progress reviews and case evaluation.

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Revision Number: 03-02

Effective Date: 09/02/2003

820.02 Working with Incarcerated Parents

This section outlines procedures to be followed in case planning with an incarcerated parent whose child is in foster care.

Foster Care/MTS worker

1. Locates where the parent is incarcerated and determines what he/she was convicted of, or pled to, and his/her sentence and likely release date. (If child has been in care for some time, determines if the incarcerated parent was ever informed that his/her child was in foster care. If not do so immediately).

a. Documents these attempts in the case file.

2. Advises incarcerated parent(s), through direct contact (when possible) of their rights and responsibilities, including a request for support and their right to visit. Send any copies of previous pleadings and orders concerning their child.

a. Determines if funds are available through the parent or an alternate source, (e.g. Social Security, for the child's support).

3. In consultation with the parent and the facility social worker (if there is one), determines what rehabilitation and training programs are available and appropriate for the parent's participation, when determined that the parent may be able to assume their parenting responsibility upon release.

4. If the parent's criminal history does not prohibit visitation and if their criminal history and prognosis for rehabilitation does not prohibit reunification as a plan, develops a treatment plan with the parent that includes visitation arrangements and treatment objectives.

a. Forwards a copy of the treatment plan to the parent

b. Contacts the prison social worker (if there is one) to discuss the plan and arrange for services that are available through the prison system.

c. Involves the parent in planning to the maximum extent possible.

* *Note: Reference 820.1 for treatment plans.*

d. Involves relatives in the plan, if appropriate.

5. Consult with attorney regarding any needed court sanction of the plan.

6. Makes arrangements and/or provides transportation for visitation as needed. Visitation may be discontinued only if the court sanctions this.

7. Notifies parent for his/her input and participation, when possible, in any court hearings and Foster Care Review Board meetings.

8. If appropriate, refers to other permanent plan options if return home cannot be accomplished in reasonable length of time, i.e. twelve months or less, or if it is determined that the parent cannot or should not assume their parental responsibility at a future date.

a. Must obtain authorization from the court to discontinue planning with the parent.

Referenced Documents

Human Services 820.01

Revision Comments

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 03-02

Effective Date: 09/02/2003

820.03 Parents Residing at In-patient Facilities

This section outlines procedures to follow when working with parents who are receiving in-patient services for mental health or substance abuse problems.

Foster Care Worker

1. Contacts parent(s) directly when possible or contacts social services staff of the institution to inform parents of the child's placement and parents' rights and responsibilities.
 - a. Obtains diagnosis through evaluation report, if appropriate;
 - b. Ascertain (if possible) the approximate length of parent's stay by conferring with parent's therapeutic service providers or meeting with discharge planning team.
 - c. Discuss and coordinate the agency's recommended permanent plan with the provider's plan of services
 - d. If expert evaluation determines involvement is not appropriate, schedules a Judicial Review or Permanency Planning hearing to request court sanction for not involving the parent, or discontinuing their involvement, and/or petition for termination of parental rights. See Section 818.1.
2. Contacts parent(s) directly when possible or contacts social services staff of the institution to inform parents of the child's placement and parents' rights and responsibilities.
3. Encourages parent(s) to correspond with agency and their child whenever possible and appropriate.
 - a. Arranges/provides visitation, if appropriate.
4. Determines if funds are available through the parent(s) or an alternate source, (e.g. Social Security), for support of the child.
5. Involves the parent(s) in treatment plan development for the child to the extent possible and assists in the parent's continued contact (correspondence and visitation) with the child.

Referenced Documents

Human Services 818.01

Revision Comments

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 07-05

Effective Date: 01/12/2007

820.04 Parents Who Fail to Cooperate

This procedure outlines steps in working with parents who fail to cooperate.

Foster Care/MTS worker

1. Ensures that parents are provided copies of all treatment plans, case evaluations, court orders, including notice that failure to substantially accomplish objectives stated in the court ordered treatment plan within the established time frame may result in termination of parental rights.

Note: If a parent is non-compliant and this behavior may be attributed to a substance abuse related problem, refer to Section 818.2.

2. Documents efforts to maintain monthly face-to-face contact with the parents.

3. Writes each parent on a monthly basis to inform them of their obligation to support, to visit, and to participate in treatment for return of the child, including notice that failure to comply with visitation, support, and treatment could result in TPR. If letters are consistently returned “unclaimed”, checks address and sends by regular mail to see if these will also be returned. Additionally, a letter can be hand delivered to the address.

a. If parent cannot read English, letters need to be translated into appropriate language.

4. Continues diligent search efforts for absent parents by referral to Child Support and through regular contact with Child Support (CS) staff and by accessing data in the county office through the CS liaison for the county office.

5. Notifies the parent’s attorney and the child’s Guardian Ad Litem of the parent’s refusal or failure to cooperate.

6. Reviews progress of parents towards reunification at quarterly case reviews including consideration of alternative permanent plans.

a. Reviews court orders and treatment plans to determine the time frame for services and actions or tasks to be completed, identifying possible barriers to successful completion of treatment and assessing the agency’s compliance with its responsibilities in assisting the parents in accessing services.

b. Confers with Foster Care supervisor, Placement Committee, TSP team, GAL and all professionals involved in service delivery, including FI staff if parent is receiving benefits.

c. Consults with county attorney regarding parent's failure or refusal to cooperate in terms of possible court review or contempt action. Utilize concurrent planning with attorney and adoption staff to assess termination of parental rights and adoption or alternative permanency plans.

d. Documents attempts to involve parents in and/or notify parents of the quarterly case evaluation and its results.

7. No later than six months of the child entering care, considers permanent plan options other than returning the child home if progress is not being made according to objectives addressed in the treatment plan (See Section 825).

a. Consults with county attorney to assess grounds for termination of parental rights (See Section 818.1).

b. Staffs case with adoptions regarding the appropriateness of adoption as the permanent plan (See Section 826).

c. Staffs case to review the concurrent plan (See Section 810.015) and to designate a revised permanent plan.

d. If the plan becomes TPR/Adoption, submits the TPR summary (or related information) within the time frames designated by the county attorney or contracted attorney.

e. Updates child's placement plan to reflect a change in the permanent plan.

f. Notifies the parents of any change in the permanent plan.

County Attorney

8. Files TPR complaint to schedule a TPR hearing if staffing determines that TPR is the appropriate permanent plan.

Note: It is not necessary to have a permanency planning hearing to approve a plan of TPR/Adoption prior to filing a complaint for TPR, unless it is time for the annual permanency planning hearing.

Foster Care/MTS

9. Requests a Permanency Planning hearing as needed, or annually, to obtain approval of any change in the permanent plan. Completes a supplemental report outlining the following: **Note: See Section 843.*

- a. what services have been provided or offered to the parents to facilitate reunification including a statement regarding whether or not these services constitute reasonable efforts;
- b. the compliance or lack of compliance by all parties with the plan approved at removal;
- c. the extent of visitation and support and reasons for the lack of or infrequency;
- d. whether previous services should continue or whether additional services are needed to enable the child to return to the parents;
- e. whether return home can be expected, or if TPR is in the best interests of the child, including;
 - (i) the results of a thorough adoption assessment,
 - (ii) steps the agency is taking to promote and expedite adoptive placement and finalization including recruitment efforts;
- f. whether the child is in a mandatory TPR category or if the child's situation fits exceptions against TPR .

**Note: See Section 818.1.*

- g. alternate permanent plans (other than reuniting with the parent or TPR) and time frames, with documentation of services provided by or efforts of the agency that support this plan for the child and whether or not these services constitute reasonable efforts and compelling reason to implement the plan. **Note: See Sections 818.1 and 826 for more information.*
- h. both in-state and out-of-state placement options were considered. If a child is already in an out-of-state placement, the hearing must determine if the placement continues to be appropriate and in the child's best interests.

10. Documents case activity, permanent plan status, and court actions in CAPSS using "Dictation" screens and "Legal" screens of the Foster Care Service line for each child.

Referenced Documents

Human Services 818.01
Human Services 818.01
Human Services 818.02
Human Services 825
Human Services 826
Human Services 843

Revision Comments

Item 7c, revised language to include reviewing/updating the concurrent plan. 12/06

Item 9h, additional language to assess in-state and out-of-state placements at PPH as per P.L. 109-239. 12/06

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 04-6

Effective Date: 10/28/2004

821 Arrest of a Foster Child

The following procedures should be followed when a foster child is arrested.

Foster Care Provider

1. Immediately notifies the agency of the child's arrest.

Foster Care/MTS worker

2. Contacts DJJ or law enforcement to determine the charges and the child's current location.
3. Notifies the child's family and Guardian Ad Litem of the arrest, the charges, and child's location.
4. If the child is charged as a juvenile, coordinate recommendations with DJJ staff to ensure that the child's best interests are served.
 - a. Discusses the child's history and current status with the child's attorney.
 - b. Attends the DJJ hearings, providing input as requested.
 - c. If child is adjudicated delinquent and placed on probation rather than placed in a detention facility, coordinates continued placement with DJJ and MTS and continues providing foster care services as required under Section 818 and Section 819.
 - d. If the child is placed in a detention facility, follows procedures outlined in Section 821.
5. If the child is charged as an adult,
 - a. Determines when the bond hearing will be held and the possible recommendation regarding bond. If it appears that the child may be released on bond prior to the trial, staffs the case with MTS to determine a possible placement plan consistent with the conditions of the bond.

Note: The agency has no funds to pay bond for a foster child nor does the agency provide legal representation to the child.

b. Follows up to ensure that the child has been referred to the Public Defender's Office whether charged as a juvenile or as an adult.

c. If the child is tried as an adult, convicted and sentenced to jail time, staffs case with all involved parties to assess what future services the agency might be able to offer, including assistance with post-incarceration living arrangements. Consideration should be given to the youth's age, the potential length of incarceration, and the nature of the charges for which the child was convicted.

(i) If it is determined that foster care services are no longer appropriate for this child, petitions the Family Court for a Permanency Planning hearing to advise the court that the child is in the custody of the Department of Corrections, that it has been determined by the staffing that there is no permanent plan that the agency can offer, and ask to be relieved of custody.

(ii) If it is determined that the child may benefit from continued foster care services or if the judge refuses to relieve the agency of custody, follows the same procedures for ongoing services and service planning that is required for all foster children under Sections 818, 819 and 821.

d. If the child is not convicted, staffs the case with MTS, if needed, for placement options and continue providing foster care services.

6. Documents placement changes in CAPSS database.

Referenced Documents

Human Services 818

Human Services 819

Human Services 821

Revision Comments

Section renumbered from 821.01 to 821

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 04-06

Effective Date: 10/28/2004

821.01 Child is in a Correctional Facility

The following procedures should be followed when a foster child is placed in a correctional facility, including Reception and Evaluation (Facility of S.C. Department of Juvenile Justice).

Foster Care/MTS worker

1. Follows the same procedures for ongoing services and service planning to child that is required for all foster children under Sections 818 and 819, including monthly face to face contact.
2. Continues to involve the child's family in service planning and visitation as required under Section 818 and 819 or per court order.
3. Maintains at least weekly contact with the facility staff if the child is in the S.C. Department of Juvenile Justice Reception & Evaluation Center or monthly contact if the child is in a detention facility to:
 - a. obtain current information regarding the child's progress in the facility, including projected discharge date, and
 - b. obtain relevant information needed to coordinate appropriate alternate placement arrangements upon discharge, including progress reports, psychological evaluations, medical exams.
4. Does not bill Targeted Case Management while the child is incarcerated.
5. Terminates board payments while the child is placed in a detention facility.
6. Notifies Social Security Administration of the child's placement and release date if the child receives either Social Security or SSI benefits.
7. Documents the placement in CAPSS database.
8. Continues to work with parents, relatives, DJJ staff, and MTS staff if needed, to facilitate an appropriate plan and placement for the youth upon release.
 - a. If the child is special needs, utilizes procedures outlined in Section 815 for securing an appropriate placement.

**NOTE: DSS does not seek to be relieved of custody while the child is in DJJ custody.*

Referenced Documents

Human Services 815

Human Services 818

Human Services 819

Revision Comments

Section Renumbered from 821 to 821.01.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 04-06

Effective Date: 10/28/2004

821.02 Service Coordination with the Department of Juvenile Justice
SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
Family Preservation and Child Welfare Services
Policy and Procedure Manual

These procedures are to clarify situations in which a youth requires the services of the Department of Juvenile Justice (DJJ) and DSS when youth move from one agency to the other, and when youth and their families need the services of both agencies. Coordination of services will be facilitated through treatment teams consisting of workers and managers of the local/county DJJ and DSS/MTS offices and when deemed appropriate by either agency, staff from state DJJ and DSS/MTS offices. The teams will be developed through efforts of county/regional directors from both agencies, who are ultimately responsible for ensuring that the joint cases are staffed on a regular basis. When it is known prior to court that DJJ is recommending DSS involvement, DJJ should staff with DSS **prior to court**. DJJ should not recommend that a child be placed in the physical or legal custody of DSS without previously staffing the case. Activities set out here are subject to DJJ's agreement to the staffing process and to the roles of DSS and DJJ towards the family and child.

Responsibility Action

DSS Contact Person 1. If a youth is in foster care and is **committed** to a DJJ institution, a joint staffing will be held within **30** days of commitment in accordance with an established interagency protocol.

2. For cases in which DSS has a child in foster care and DJJ is

recommending the child in foster care be committed to a DJJ facility, coordinate a joint staffing between both agencies to:

a)
Involve the parent

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3. For youth for whom DSS does not hold custody but continues to maintain an open case (Child Protective Services), DSS will coordinate quarterly staffings to obtain updates regarding the status of the

child's placement
and pending
release.

4. If a youth placed in a DJJ facility has an open foster care case (and there are no siblings remaining in the home), DSS will provide background information within 30 days relating to the family's involvement with the agency and make a recommendation as to the likelihood that the child can be reunited with the family upon release from the DJJ facility. DJJ will coordinate quarterly staffings (multi-discipline team meetings) to apprise the local DSS office of the status of the child's placement and pending release.

5. For youth who remain in the custody of DSS and are placed in a DJJ facility, DSS will be responsible for:

a) Maintaining monthly face-to-face contact with the youth;

b) Maintaining monthly contact with DJJ facility staff to obtain a progress report on the child including: educational, behavioral, medical, social and psychological information;

c) Involving DJJ staff in permanency planning for the child;

d)
Sendi
ng a
written
invitati

on to
DJJ
County
Director/
DJJ
Case
Manager for
scheduled
Foster
Care
Review
Board
hearings (at
least 3
weeks
advance
notice
).

6. If a home evaluation/family assessment is needed or ordered by a court the following are recommended:

a) DSS will conduct home evaluations for youth in the custody of DSS or if there is an open treatment case.

Note: DJJ should be responsible for conducting home evaluations if DSS has not had any recent involvement, or if DSS does not have legal custody of youth.

b) Results of family home evaluations should be shared between DSS and DJJ prior to submitting their findings to a court

7. If a foster child reaches age eighteen while in a DJJ facility, the child's case will not automatically close unless emancipation is stipulated in a court order. (This is to ensure the child has access to independent living services if needed.)

8. If DSS determines that the family's case is to be closed and

a child is in a DJJ facility, the local DJJ office should be contacted to schedule a staffing.

9. Disputes regarding services should be resolved by the county/regional directors of the respective agencies (when DSS retains custody of youth). If resolution is not obtained, the county/regional director may refer the matter to the Children's Case Resolution System after receiving written approval from the State Director of Social Services.

10. If a youth is residing in a DJJ facility and the custodian or parent is non-compliant or not in agreement with the treatment or services, an interagency planning staffing shall be held at least 30 days prior to the youth's anticipated release date. DJJ shall be responsible for scheduling and facilitating the staffing. The staffing should be attended by

representatives from every agency that might serve youth upon his/her release. The product of the staffing shall be a Service Delivery Plan which lists the services each agency will deliver upon the youth's release, and the recommendations of the agencies.

11. For situations in which DSS is not involved with a child at a DJJ facility, if the parents or caretakers refuse to pick up or make arrangements for their child upon their release, the agency will conduct children's protective services investigation.

Referenced Documents

Revision Comments

New section to address coordination issues with DJJ.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 03-02

Effective Date: 09/02/2003

822 Case Transfer

The following procedures should be followed in determining whether or not a case should be transferred when a foster child's biological parent(s) moves to another county (receiving county). It is possible, and usually preferable, to keep a case in its county of origin, and to ask the new county of residence to provide assistance to parents in accessing services to fulfill goals of the treatment plan.

**NOTE: Do not transfer a case prior to staffing with receiving county and their acceptance of the proposed transfer.*

Foster Care worker

1. Discusses parental move and proposed transfer with Foster Care Supervisor, GAL, providers, and age appropriate children.
2. Makes decision to transfer the case only if the following criteria have been documented.
 - a. Family reunification with the relocating parent is the plan and the parent does not have a history of frequent moves between counties, or any other frequent moves.
 - b. Transferring the case is not inconsistent with the best interests of the child(ren).
 - c. The plan for transfer has been staffed with the receiving county and they are in agreement and able to assume case management within an agreed upon time frame.

FC worker/supervisor

3. Agrees to the case transfer when:
 - in Receiving county
 - a. the child and his/her parent have a significant connection with the receiving county, e.g. the parent has moved to the receiving county and does not have a history of frequent moves between counties;
 - b. there is substantial evidence available concerning the child's present or future

care, protection, training and personal relationships in the receiving county, e.g. the plan is reunification with the parent residing in the receiving county.

Foster Care worker

4. Informs the GAL and FCRB of transfer, if receiving county accepts the case.
 5. Schedules a Judicial Review (or a Permanency Planning hearing (if it is due) to obtain a court order transferring jurisdiction if receiving county accepts the case transfer.
 6. Meets with the child and the foster care provider to inform them of the transfer. When possible, includes the new foster care worker in the meeting if receiving county accepts the case transfer.
 7. Gives written notice to the current foster care provider if the child will be moved from that placement. Case transfer doesn't mean the child has to change placements. Cross reference Section 845.
 8. Ensures that all required case reviews, updates (updated treatment plans, case evaluations, etc.), and documentation are current and all required data updated in CAPSS. Enters the end date for the current worker assignment and the name and beginning date for the new worker assignment.
- *Note: When transferring a case, the sending county must not close the foster care service line in CAPSS.**
9. In the event of a dispute regarding a transfer that cannot be resolved, resolution should first be attempted by the county director.

Referenced Documents

Revision Comments

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 09-04

Effective Date: 05/14/2009

822.01 Managed Treatment Services

This section provides guidelines regarding the roles and responsibilities of Intensive Foster Care and Clinical Services (IFCCS) and County Foster Care staff as they work together to provide services to foster children in the agency's custody.

County worker

1. If case circumstances indicate a need for an emergency therapeutic placement at the time of removal or when an existing foster child disrupts, contacts Intensive Foster Care and Clinical Services (IFCCS) for emergency placement and level of care authorization for up to thirty five (35) days, until IFCCS assessment is complete and an IST (Interagency Staffing Team) meeting is held. **NOTE: See Section 824 for securing non-emergency placements for special needs children.*

**Note: Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child, unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider and providers may not be denied the opportunity to provide care on the basis of the RCNO of the provider or the child.*

2. Obtains protocol assessment (from Mental Health), completes ISCEDC referral packet within five (5) days of emergency placement. Submits any additional information within two (2) weeks.

IFCCS

3. Assists the county worker with information and referral and may provide input into the child and family treatment plan (Child and Family Service Assessment Plan, DSS Form 30231) during the assessment phase.

4. Completes an assessment within thirty (30) days of receipt of the referral.

County worker

5. If a client is deemed ineligible for ISCEDC based on the protocol assessment, secures alternate placement within five (5) days. ISCEDC funding may continue during this approved five (5) day period.

IFCCS and County staff

6. Conduct a staffing to determine if/when the case will be transferred to IFCCS if ISCEDC eligibility has been determined and finalized at the IST (Interagency Staffing Team) meeting.

IFCCS

7. If client is determined ISCEDC eligible, assumes primary case -management.
- a. if an IFCCS case slot is available (IFCCS workers generally have 10 cases due to the intensive and specialized nature of their cases);
 - b. within 35 days of a removal;

*NOTE: The county remains the primary case manager for the first thirty five (35) days to allow for completion of the removal hearing. If the completion extends beyond 35 days, IFCCS may assume primary case management. The county worker is responsible for appearing for the 35 day hearing.

County Worker

- c. of an IFCCS client and her own child only if the child is in the same placement (if slots are available).
8. If client is determined ISCEDC eligible, maintains primary case management:
- a. until an IFCCS slot is available; keeping IFCCS informed of any service or placement changes so that provider contracts can be implemented (must consult with IFCCS before changing approved level of care); the child will be accepted when a slot is available, while continuing ISCEDC funding during the interim;
 - b. for a removal, for the first thirty five (35) days to allow for completion of the 35 day (or Removal) hearing (If the hearing extends past 35 days, IFCCS may assume primary case management while the county worker continues to have responsibility for the hearing);
 - c. of any siblings who are in regular foster care and the family;
 - d. of the child of an IFCCS client, if the child is not in the same placement.

IFCCS and County staff

9. Coordinate the transfer of the case if accepted for transfer to IFCCS at County Worker the staffing.

County Worker

a. Ensures that all initial eligibility procedures (e.g. Medicaid application, IV-E application and IV-AEA eligibility, child support referrals, CAPSS data entry, etc.) have been completed prior to transfer.

b. Prepares for Permanency Planning hearings and/or FCRB hearings that are due within sixty (60) days of the transfer. (Both workers will attend.)

IFCCS/County Supervisors

c. Staff case for transfer of the case record. (Checklists with supervisory sign-off should be developed to ensure that the records are up to date before transfer.)

County worker

d. Gives the entire case file (all volumes) to IFCCS if there are not siblings in regular foster care. (IFCCS is assuming complete case management.) If siblings are in care, copies of the pertinent information concerning the IFCCS client and places it in a separate file for transfer to IFCCS.

IFCCS

e. Begins their own volume, in accordance with IFCCS file organization guidelines. (The DSS file will remain intact while housed at IFCCS.)

IFCCS/County staff

10. Initiates the case resolution process if there is an internal dispute regarding transfer. (The client will remain in placement with ISCEDC funding.)

IFCCS

a. Completes an assessment and reports results in a re-staffing within thirty (30) days.

County Director/IFCCS Program Director

b. If no agreement on eligibility can be reached at the staffing, Designee and review the case and offer a decision within ten (10) days.

IFCCS Reg. Director/HS Program Staff

c. If County Director and IFCCS Program Director are unable to resolve the case, review and make a decision within ten (10) days. (Cases are expected to be resolved at this level.)

State level- Division Directors

d. In the rare event that a resolution is still not reached, review the case with a final decision rendered within ten (10) days.

**NOTE: the entire case resolution process should take no more than thirty (30) days.*

IFCCS and County staff

11. Ensures communication channels exist for assistance and coordination of services after hours.

County on-call

- a. Will be available for consultation to IFCCS staff regarding worker accessing after hours services, shelter care, law enforcement, transportation, etc., as needed.

IFCCS

- b. Will be on-call for current IFCCS clients.
- c. Will provide a beeper number to the county staff for after hours and weekend emergencies.

IFCCS and County worker

12. Ensures that visitation schedules are maintained.

FC worker

- a. Coordinates visitation plans if an IFCCS child has siblings in regular foster care.

IFCCS

- b. Arranges transportation for the IFCCS eligible child to visitation coordinated by FC worker, if the child has sibling in regular foster care.
- c. Coordinates all aspects of visitation if no siblings are in regular foster care.

County staff

13. Will be responsible for any income received on behalf of a child in care, submitting monthly account reports to IFCCS.

IFCCS

- a. Will access child's funds, if available, by submitting an invoice to the county office bookkeeper.

14. Responsible for maintaining and updating the child's Lifebook.

IFCCS and County staff

15. Ensures compliance with FCRB requirements (See Sections 842, and 842.2)

FC Supervisor

- a. Sets schedule/agenda for FCRB 30-40 days before due sending notice to IFCCS supervisor within three (3) days.

FC Worker

b. If there are siblings in regular foster care, prepares the FCRB packet for the family and children in regular care. Sends invitations to the appropriate person for their perspective children. Consults with IFCCS to ensure consensus regarding recommendations submitted. Attends review.

IFCCS

c. If there are siblings in regular foster care, prepares the FCRB forms on the IFCCS child(ren). Sends invitations to the appropriate persons for the child.

d. Prepares entire FCRB packet if there are no siblings in regular in regular foster care.

e. Attends all FCRB meetings on IFCCS ISCEDC children.

IFCCS and County Staff

16. Ensures compliance with scheduling and paperwork requirements for court activity. (See Section 843.)

County worker

17. a. Assumes lead for coordinating judicial reviews or PPH (permanency planning hearings) on shared cases, preparing the necessary paperwork. Consults with IFCCS staff to review recommendations to ensure continuity of permanent plans and/or the agency's position relative to each child, with any differences resolved prior to the court hearing.

IFCCS

b. On shared cases, provides reports required for court hearings. Participates in any legal staffing prior to the hearing.

c. For cases that are not shared, requests legal assistance from the county attorney ninety (90) days in advance of the due date for a PPH. (Procedures for accessing attorneys should be made on a county by county basis.)

d. Prepares required paperwork for PPH's on cases in which there are no siblings in foster care. Participates in any legal staffing prior to court.

IFCCS and/or County worker

e. Attend court hearing.

IFCCS

18. Files pick-up orders with the police or DJJ (Department of Juvenile Justice) for any

IFCCS client who runs away from placement.

19. Schedules TSP team meeting: `

- a. To determine if/when client is ready to step down to non-therapeutic placement, return home, or be emancipated, using clinical recommendations when needed;
- b. When a child has been on runaway for over thirty (30) days and a change in case management is to be considered;
- c. When the child's ISCEDC eligibility ends and additional services are court ordered.

**NOTE: Responsibility for a primary case management within DSS when a client has been committed long term to a DJJ facility will be decided on a case by case basis.*

d. Invites county FC supervisors to (and other agency program supervisors Adult Services, FI, etc.) to any TSP in which step-down, return home, emancipation, runaway status, or ineligibility for ISCEDC is being considered, to assist with transition planning.

e. Final authority/approval for a client's step-down remains with the voting members of the ISCEDC team.

f. Final authority/approval for return home or emancipation of a child under age 18 rests with the court. (See #16 for required court procedures.)

**NOTE: Disagreements regarding termination of IFCCS will follow the same case resolution procedures identified in #3.*

FC/IFCCS

g. At the team's discretion, approves retention of case worker management of a runaway for an additional sixty (60) days.

h. Within ninety (90) days (in 30 day increments) from the date of worker the ISCEDC meeting locates an alternative step down placement and moves the child.

i. If necessary and appropriate, provides WRAP services for children who step-down to regular foster care or who are returned home, to assist in a successful transition.

j. Prepares for Judicial Reviews and/or PPH's that are due within sixty (60) days of the transfer.

k. Provides an additional copy of the most current TSP and court order from the

closed IFCCS file for the county to use to begin a new volume, if services are to continue. (The IFCCS file will remain intact while housed in the county office.)

FC/IFCCS Supervisors

1. Staff case for transfer of case file, ensuring all requirements have been met prior to transfer.

FC/IFCCS Worker

20. Maintains information in the CAPSS system in accordance with policy and procedure and CAPSS User's Guide.

**NOTE: Regardless of whether the case is being transferred from the County to IFCCS or IFCCS to the County, if the child is still in the legal custody of DSS, the Foster Care Services line always remains open. It should never be closed unless the agency is relieved of custody.*

**NOTE: Closed files, both IFCCS and DSS, will be returned to the county DSS office for compliance with the DSS record retention policy.*

Referenced Documents

DSS Form 30231
Human Services 824
Human Services 842
Human Services 842.02

Revision Comments

Item 1, note, language added to be in compliance with MEPA
MTS changed to IFCCS throughout to reflect most recent service title.

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

Revision Number: 05-01

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823 Changes in Visitation Plan

This section outlines the procedures to be followed in making changes in the existing visitation plan, if the plan is **not** court ordered. It is vital to obtain input from the parents, child and current child care provider to ensure that visitation is in the best interests of the children.

**Note: If the plan is court ordered, it can only be changed by a new court order .*

FC/MTS Worker

1. Notifies all parties as soon as possible of any change circumstances which affect the visitation plan.
 2. Modifies the current visitation plan ([Child and Family Service Assessment Plan, DSS Form 30231](#)) if the change in circumstances will be long term or permanent as agreed upon by all involved parties. Also indicate location(s) and type of acceptable activities both child and parent can engage in to facilitate a quality visit.
 3. Documents in the CAPSS Dictation the nature of the visitation change and the reason for the change.
 4. Amends visitation portion of the Treatment Plan ([Child and Family Service Assessment Plan, DSS Form 30231](#)), and notifies all parties in writing of the new visitation plan.
 5. As treatment progresses and child's return home approaches:
 - a. Arranges increased and extended visits provided the court order does not prohibit such.
 - b. Documents the results of the increased and extended visitation in the record and in the written visitation plan.
-

Referenced Documents

DSS Form 30231

Revision Comments

Introduction, input needed from involved parties regarding visitation.

Item 2, inserted additional language to include the kinds of activities surrounding a visitation. 12/04

Item 2, inserted additional language to clarify the location of the revised visitation form. 8/05

South Carolina Department of Social Services
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CHAPTER 8, Foster Care

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824 Case Evaluation

This section identifies procedures for case evaluation of safety, permanency, and well-being of the child.

Case evaluation is a comprehensive review of the monthly monitoring of cases. The evaluation focuses on recognizing the changes in behavior that have occurred for the parents and /or child over time, i.e. since the child entered foster care and/or since the most recently completed case evaluation.

The purpose of the evaluation process is to facilitate the identification and analysis of critical case information and the synthesis of that information into a planning process which engages the parents and/or child.

When **reunification** is the plan, the evaluation includes the extent of success of the parent and services provided to change the behaviors that caused the removal.

Primary Legal Bases

Social Security Act, Title IV Part E, Section 475 requires a review every 6 months of case progress of implementation of the case plan for the foster child.

1. A case evaluation is conducted **when**:
 - a. There is a change in circumstances which includes
 - (1) change in placement **if** due to significant changes in the plan or goal for the child;
 - (2) change in family composition;
 - (3) change in permanency planning goal;
 - (4) increased level of risk;
 - (5) at the family' s request;
 - (6) at the request of any team member,
 - (7) at the time of case transfer within and across program lines;
 - (8) prior to case closure.
 - b. At least every 6 months;
 - c. At the time of a judicial review or permanency planning hearing;
 - d. At decision points in the case (i.e. considering unsupervised visitation, returning a child home, prior to ending search efforts for absent parents);

e. 90 days prior to the youth reaching age 18 or 90 days prior to the youth over age 18 emancipating/leaving foster care.

2. The following **issues are addressed** in a case evaluation:

- a. Safety in placement;
- b. Effectiveness of services impacting behavior changes;
- c. Reduced safety threat in the home when reunification is the plan;
- d. Enhanced protective capacity of the parents when reunification is the plan;
- e. Observable behaviors, i.e. of the parents work towards reunification; of the youth in foster care when behaviors are resulting in placement and educational instability;
- f. Motivation to address behaviors that resulted in removal or that are of concern, i.e. youth involved in delinquency;
- g. Actions to locate absent parents and relatives (at least every 6 months) or decision to end efforts;
- h. Permanency plan for the child (at least every 6 months);
- i. Reunification of siblings when a reunification plan is pending;
- j. For youth reaching age 18 or emancipating /leaving foster care, a personalized transition plan (Reference Section 832.01.01 Transition Planning).

3. The evaluation involves the worker and supervisor **in conjunction with the family and/or child** (i.e. after termination of parental rights.) to evaluate the progress since the initial assessment or last review and to determine the overall progress toward goals.

A family meeting would be an appropriate setting for conducting a case evaluation when parents are involved.

Evaluations may also be completed during a monthly face to face contact with the parents and/or child.

4. Participants include but are not limited to:

- a. Parents (unless contraindicated by case circumstances i.e. TPR);
- b. The child (if age and developmentally appropriate);
- c. Foster parents, relative caregivers, group care providers, etc.;
- d. Service providers;
- e. Worker.

If the parent(s) is/are represented by an attorney, they may request their attorney to be present at this meeting.

If the Department has been relieved of offering services to the parents by court order, the court order is reviewed to determine whether continued participation in planning for the child is appropriate or necessary. The supervisor is consulted in making the determination.

Court sanction is to be obtained for any changes in the parents' objectives (goals) and permanent plan changes. The worker should confer with the county attorney.

5. The case plan (DSS 30231) is **revised as needed**.

6. The **outcome** of the case evaluation is **documented** in CAPSS dictation and by completing a new Signature and Notice (endorsement) page from the case plan (DSS 30231).

The evaluation is documented in CAPSS dictation using CAPSS dictation code for Case Plan/ Evaluation (Code # 16) and any other relevant codes (such as Face to face with father, Code 28, Face to face with mother; Code 29; face to face with child Code 26; - face to face with caretaker/foster parent code 35).

Efforts to locate parents and relatives are updated in the family story.

There could be a situation in which the evaluation is completed and there are no changes to the case plan. The worker should note on the signature page that no changes are necessary. The new signature page (endorsement) is attached to the plan that is in effect.

Referenced Documents

DSS Form 30231

Revision Comments

This section was reformatted and revised for consistency with the assessment and planning process. Items were reworded and renumbered.

Introduction: Revised to add additional information regarding the focus of the evaluation and to add the primary legal basis.

Item 1: Information added to clarify a change in circumstance and to add case evaluation for the transition plan prior to age 18 or at time of exiting foster care.

Item 6: Revised for additional information regarding coding in CAPSS.

South Carolina Department of Social Services
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CHAPTER 8, Foster Care

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825 Permanency Planning

Permanency planning is the process of achieving at the earliest time the placement of the child in foster care into a safe, permanent home that promotes the child's well being.

**Note: Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child, unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider and providers may not be denied the opportunity to provide care on the basis of the RCNO of the provider or the child.*

The **options for permanent plans** in order of priority are:

- 1. reunification** with parent (Refer to Section 825.01)
- 2. adoption** by a relative, foster parent, or other individual (Refer to Section 826).
- 3. guardianship or custody** in a permanent self sustaining placement with a relative or non- relative. Guardian or custody includes the transfer of specified rights from the parent, to the individual given guardianship or custody. (Refer to Section 830)
- 4. placement with a relative** who is a licensed foster parent and committed to caring for the child on a long-term basis.
- 5. another planned permanent living** arrangement which a specified adult who is committed to providing a long time nurturing relationship (into the child's adulthood). (Refer to Section 831)
 - a. placement is with a specified individual who is a licensed foster parent; or
 - b. placement is not with the specified individual who is committed to a significant long term relationship with the child. The child is placed in the least restrictive, most family like setting that meets the child's needs.

The initial permanency plan is reunification **unless** DSS obtains a court order that relieves the agency of:

- a. making reasonable efforts to maintain the child in the home; or
 - b. making reasonable efforts to reunify the child and family.
- (SC Code of Laws, 20-7-763).

In order to expedite implementation of the permanent plan, a primary and a concurrent permanent plan are selected for each child entering foster care. Within 6 months of the child's entry into foster care, if it is determined it is unlikely the primary plan will be implemented within 12 months of the child entering foster care, then work to implement

the **concurrent** plan is *initiated concurrently with the primary plan*. The concurrent plan can then be implemented swiftly if the primary plan cannot be implemented within required timeframes. An initial concurrent planning staffing is to occur within 60 days of the child's entry into foster care (Refer to Section 810.015 - Concurrent Planning).

The permanency plan options are listed in order of preference. A permanency option must be found not acceptable and ruled out before selecting the next option. For example, reunification must always be ruled out before selecting adoption with a relative or non-relative. Adoption by relative or non-relative must be ruled out before selecting guardianship / custody with a relative or non- relative. For adoption to be ruled out, the court must find that termination of parental rights is not in the child's best interest.

If the permanent plan for the child is placement with a relative or other planned living arrangement (child is not exiting foster care), there must a finding by the Family Court at the permanency hearing that there are **compelling reasons** for the plan not to be reunification, adoption or guardianship/ custody.

A **permanency planning hearing** must be held within 12 months of a child entering foster care and every 12 months thereafter. At each permanency planning hearing the Family Court must determine whether the agency has made **reasonable efforts to finalize the permanent plan**, and consideration was given to in-state and out-of-state placement options. If a child is already in an out-of-state placement, the hearing must determine if the placement continues to be appropriate and in the child's best interests. (Refer to Safe and Timely Interstate Placement of Foster Children Act of 2006, Public Law 109-239 for additional information).

*Note: if reunification is not achieved within 12 months of a child entering foster care, state and federal statutes allow parents an additional 6 months to complete the treatment plan for the child to be returned home, if reunification is in the child's best interests and it is likely that the treatment plan can be completed within 6 months (of the last court order).

If a child is **in foster care 15 or the most recent 22 months**, then federal and state statute requires, the Department to proceed with termination of parental rights unless the circumstances warrant an exception.

The Foster Care Review Board (FCRB) reviews the status of a child's permanency every 6 months. The initial FCRB is held with 4 – 6 months of a child's entry into foster care.

For documentation of permanent plans in CAPSS refer to the following definitions and codes:

Note: CAPSS codes listed are those currently available in the data base.

Permanent Plan	CAPSS Code	Definition
Reunification	Return home	Reunification with parent

Adoption	Adoption by relative	Identified adoption placement is with a relative
Adoption	Adoption by Foster Parent	Identified adoption placement is child's foster parent
Adoption	Adoption by Other	Identified adoption resource is not the child's relative or foster parent; or no resource identified.
Guardianship or Custody	Guardianship / custody	Guardianship / custody; placement with a relative or non – relative
Placement With a Fit and Willing Relative	Placement With a Fit and Willing Relative	Placement in licensed foster home of relative committed to long term relationship
Another Planned Permanent Living Arrangement (APPLA)	Permanent Long term Foster Care	Placement in licensed foster home of non-relative committed to long term relationship
Another Planned Permanent Living Arrangement (APPLA)	Independent Living	Placement setting other than with individual committed to long-term relationship

Referenced Documents

Section 810.015

SC Statute 20 –7-766(c) regarding placement options; includes options which require compelling for selection
Safe and Timely Interstate Placement of Foster Children Act of 2006, Public Law 109-239.

Revision Comments

1st Paragraph, Note; language added to be in compliance with MEPA

South Carolina Department of Social Services
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825.01 Decision to Return a Child Home

This section outlines procedures to follow in making a decision to return a child home and terminate foster care services.

For information regarding **voluntary placement**, refer to Section 812.

For information regarding **preparation of the child**, refer to Section 825.02.

Primary Legal Bases

SC Statute 63-7-1680 Court Approved Plan On Removal

SC Statute 63-7-1700 Permanency Planning

Black Letter Law: basis for copy of signed and filed order to be received (by the agency) before child can be returned home.

Foster Care/ICFFS worker

1. When contacts and monthly progress reviews with the parents indicate that the parents have demonstrated behaviors (protective capacities) required by the case plan to keep the child safe, **schedules a case evaluation to be completed as part of a family meeting or team decision meeting after completing the following:**

a. **Reviews** the concerns that were addressed in the court ordered plan that must be successfully completed prior to reunification and case closure.

To facilitate early reunification, the court by state statute may order some concerns to be addressed after reunification but prior to case closure.

b. **Completes** with input from the parents an **updated safety assessment** (from the CFASP DSS 30231) to determine the parents success in changing behaviors.

If the updated safety assessment does not indicate the parents have been successful in changing the behaviors, engages the family in development of revised services or tasks that may be more effective in helping the family; also discusses with the parents that failure to complete the case plan may result in termination of parental rights; and **does not proceed** with plans for reunification at this time.

Time limit for reunification: By statute, the court can grant only one 6 month extension for reunification assuming a permanency planning hearing is held at the one year mark. If a permanency planning hearing is held prior to the one year mark, the worker consults with the county attorney (Reference SC Statute 63-7-1700.)

c. If the safety assessment indicates the needed protective capacities, develops with the parents an **in-home plan to support reunification**.

The in-home reunification plan indicates how the parents will maintain the safety of the children after the children are returned home.

Documents the in-home plan to support reunification in the domain “Other” of the DSS-30231.

All individuals with responsibilities in the in-home reunification support plan must sign the Notice and Signature Sheet in the DSS-30231 to indicate their agreement to assist as per the plan prior to completion of the case evaluation (in Step 3 below).

d. Reviews the child assessment and plan (DSS-30231) and other case information to be considered in preparation of the child for reunification (i.e. parent-child visitation frequency, duration, and quality of visits, age/development of the child, child well-being information, etc).

e. **Prepares the parents** for the case evaluation process and family or team decision making meeting by discussing the logistics and information to be presented

2. Reviews the court orders(s) and the assessment and plan (DSS 30231), and updated safety assessment with the supervisor, county attorney, and Guardian Ad Litem for their input in the decisions to return the child home.

a. Arranges for professional service providers and other individuals working with the parents and child(ren) (i.e. the Guardian Ad Litem) to attend the meeting, if possible. If they can not attend, then the worker requests a written summary and recommendation be submitted.

Foster Care, IFCCS Worker or Designated Staff

3. Facilitates a family meeting for Team Decision Making and **for a case evaluation** to consider the proposed plan of reunification. (Reference Section 824.)

a. **Presents with assistance from the parents**, information from the reassessment of safety in the Child Safety Assessment, Assessing the Protective Capacity of Adults, and the Strength and Risk Assessment, progress reviews, (DSS Form 30231), and any previous case evaluations.

b. Presents a review of services offered and the utility of services in reducing or eliminating targeted problem.

c. **Presents progress/success in changing behaviors and increasing protective capacities** in the case plan with parent(s) and in addressing child's well-being needs.

This includes information from foster care and service providers attending the meeting or from reports submitted.

This information is included in the preparation of the child.

- d. Presents any recommendations from the Guardian Ad Litem (if the GAL is not present) and/or from the Foster Care Review Board.
- e. Presents information to be considered for preparation of the child for reunification.

Foster Care , IFCCS Worker or Designated Staff

- 4. Determines in the case evaluation with the family, others present and the supervisor, the recommendation regarding reunification based on information presented:
 - a. Whether or not behaviors and/or conditions which necessitated the removal have changed, been eliminated, or reduced to the extent that the child can be maintained safely in the home.
 - b. Whether or not to recommend returning the child home and custody returned to the parent(s).

Note: The agency should **recommend return of custody** if the child is being reunified with the parent(s). The court however may approve a child going home but with DSS to continue to have legal custody for some period of time. Refer to Section 825.03 for additional information.

- c. Whether or not the in-home plan to support reunification addresses how the parents will maintain the children's safety after the children are returned home.
The in-home plan is revised, if necessary, based on the information shared during the case evaluation process.
- d. What post placement services, if any, will be offered to the family when the child is returned home, (includes in-home support services) and (if applicable), concerns identified in the court ordered plan that must be addressed successfully for the case to be closed, but not prior to reunification.
- e. The time frame for providing post placement services.
- f. The plan for preparing the child, family, and foster care provider for reunification and termination of the foster placement.
Note: Preparation of the child is based on the child's development and case circumstances.

- g. Documents the outcome of the meeting in CAPSS " Dictation" screen and by signatures on the Notice and Signature Sheet in the DSS-30231.

Foster Care or IFCCS Worker

- 5. Prepares the child for reunification as appropriate for the child's development and case circumstances and concurrently with other case activities (i.e. face to face contacts). Refer to Section 825.02 for preparation of the child.

6. Prepares to testify in the court hearing and testifies in the court hearing as appropriate for case circumstances.

7. Initiates the child's actual return home only when:

a. The **case evaluation** team decision making process recommends **reunification**; AND

b. A **court hearing is held** to consider the agency's recommendation and the court approves or orders the return; AND

c. A **copy of a signed and filed court order authorizing return of the child is received by the agency**; AND

d. **The child has been prepared for reunification.**

e. **The child's caseworker is an active participant in the physical transfer of the child to the parent.**

8. Initiates the child's return home when the child is placed through a **voluntary placement** agreement and removal **was not due to safety threats.**(Reference Section 812 Voluntary Placements.)

9. Reference Section 825.02 regarding preparation of the child for return home and Section 825.03, Post Placement Support Services regarding services and support services after reunification.

10. Facilitates a family meeting and/or Team Decision Making meeting to complete the case evaluation process and to review the post-placement plan/situation **within ninety (90) days of the child's return home.** **The purpose of the meeting is** to decide if the court should be petitioned to return custody to the parent(s) or guardian **or if the case can be closed when custody was returned to the parent(s) by the court.**

11. Submits a request for a Judicial Review hearing or follows prior court order for further disposition of the case.

Referenced Documents

DSS Form 30231

Human Services Section 812

Human Services Section 820.01

Human Services Section 824

Human Services Section 825.02

Human Services Section 825.03

SC Statute 63-7-1680

SC Statute 63-7-1700

Revision Comments

Revision Comments

This section was revised to be consistent with case practice regarding the case planning process. Some items were revised; some items were reordered and renumbered.

Item 1: Revised to include the case evaluation; changed wording for safety plan after reunification to plan to support reunification plan; added preparation of the child to this section.

Item 2: Revised to include court orders, DSS 30231 and updated safety assessment.

Item 3: Revised to clarify and to reorder information within the item; adds case evaluation and preparation of the child to the process.

Item 4: Revised to clarify return of custody, use of an in-home reunification plan, and post placement services

Item 5 : Revised to clarify by adding preparation of the child.

Item 6: Revised to refer to section regarding voluntary placement

Item 7: Adds preparation of the child and worker's role at time of reunification.

Item 8: Adds references to applicable sections.

Item 10. Revised to clarify holding a family meeting

South Carolina Department of Social Services
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CHAPTER 8, Foster Care

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825.02 Preparation of the Child for Returning Home

This section outlines procedures to follow in preparing the child(ren) for return home.

Foster Care/MTS worker

1. Solicits information and assistance from the foster care care provider, therapist, Guardian Ad Litem, and other involved parties.
 2. Gives the child(ren) and the foster care provider as much advance notice as possible of time the child(ren) will be returning home. For purposes of adequately preparing the child for their return home, the foster care provider should receive written notice of the discharge arrangements at least ten (10) days in advance.
- *Note: See Section 845.*
3. Discusses with the child(ren) their positive and negative feelings about returning home and helps the child(ren) process these feelings.
 4. Provides information and guidance to the foster care provider to help the provider understand any changes in the child(ren) 's behavior.
 5. Arranges for parent/child(ren) visitation to be increased in both frequency and duration, when possible, prior to the child's return home on a full time basis.
 6. Seeks information from the child, the biological parents, and the foster care provider about the visitation and any problem/concerns which may need to be addressed prior to or after the child returns home.
 7. Follows Termination of Placement procedures and Post Placement Supportive Services in Sections 825.3 and 845.
-

Referenced Documents

Human Services 825.03

Human Services 845

Revision Comments

South Carolina Department of Social Services
Human Services Policy and Procedure Manual

CHAPTER 8, Foster Care

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825.03 Post Placement Support Services

This section outlines procedures for providing post placement supportive services for the child who is returned home by written order of the court;

1. and the court awards legal custody to the parents and the agency is ordered to provide services; and/or supervision for an additional period of time; OR

2. the courts orders legal custody of the child remain with the agency.

Reference Section 818.02 Parents Who Abuse or Are Addicted to Controlled Substances or Alcohol.

Foster Care/IFCCS worker

1. Within 5 days of child's return home, makes face-to-face contact in home with parents/caretakers and child(ren) to confirm safety of the children after reunification

a. Reviews and monitors the implementation of the in-home plan to support reunification.

If child is not safe, takes immediate action to involve CPS.

b. If the court ordered return of legal custody to the parent with continuing supervision or treatment, close foster care service lines and open the appropriate service line per CAPSS and CPS program guidelines. Reference Section 846 and 846.01 regarding closing foster care services.

c. Provides or arranges support services to minimize adjustment problems of re-introduction of the child into the home and, if applicable, to support reunification.

2. Maintains at a minimum, monthly face-to-face contacts with the child **continuously assessing immediate safety and future risk **and monitoring the in-home plan to support reunification.****

a. Completes an updated safety assessment (reference DSS-30231) if case circumstances suggest a concern regarding safety or takes immediate action for CPS intervention as appropriate for the situation.

b. Ensures that services provided and the time frame and frequency for services are in accordance with any team decision making recommendations and agreements with the family made as part of the overall treatment plan (DSS-30231) or in accordance with the court order of conditions/issues to be addressed prior to case closure.

3. Prior to recommending a transfer of custody and/or case closure **and with the family's participation, completes an updated safety assessment contained in the Child**

and Family Assessment Service Plan, (DSS Form 30231) and a case evaluation. Refer to Section 824, Case Evaluation.

4. Reviews the court order to determine whether further court involvement will be needed to terminate services or extend treatment services if needed.

5. If needed, presents case for team decision making process and follows recommendations [to close the case or extend timeframe to provide supervision and additional services](#).

6. Schedules Permanency Planning Hearing (if needed) for court approval of transfer of custody, to extend services, or case closure, unless these issues were previously addressed in the order.

a. Documents results of legal steps in CAPSS “Legal” screen.

[7. Prior to case closure, explains to the family how to access needed services after case closure.](#)

8. Documents [case decision making in CAPSS dictation](#), legal actions in CAPSS - “Legal” screen and placement changes in CAPSS - “Placement” screen.

Referenced Documents

Human Services 846.01

DSS Form 30231

Revision Comments

Item 2, Inserted Child and Family Assessment Service Plan. 8/05

Item 7(c), deleted. 8/05

South Carolina Department of Social Services
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826 Permanency Plan for Child in Foster Care: Adoption

This section outlines procedures to be followed when a plan other than return home (to child's family) needs to be made for a child (special needs or non-special needs) in foster care. (Also see Section 829 on Voluntary Relinquishment).

Foster Care/IFCCS worker

1. Reviews progress of parents for reunification at the initial concurrent planning staffing (see Section 810.015) and updates the Child and Family Assessment Service Plan, (DSS Form 30231) before considering Adoption as the permanent plan.
 - a. **No later than six months** of the child entering foster care, considers permanent plan options other than returning child home if no progress is being made according to priorities listed in the treatment plan. Concurrent Planning through team decision making processes to assess alternate permanent plans can occur at any time during the case. Cross reference Section 818.01.

Foster Care/IFCCS supervisor

2. Conducts a review of the child's case record within six (6) months of the child's entry into foster care using the Foster Care Supervisory Review Checklist/Staffing Guide to assess for timely permanency and implement follow up actions and timeframes as needed. The checklist must become a part of the child's record. Following the initial review, subsequent reviews are to be conducted on at least an annual basis.

Foster Care/IFCCS worker

3. Confers with Foster Care Supervisor or Placement Committee or TSP team on case status.

**Note: Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child, unless an individualized assessment reveals that such consideration is in the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider and providers may not be denied the opportunity to provide care on the basis of the RCNO of the provider or the child.*

4. Confers with Guardian Ad Litem and other professionals involved in service delivery. Staffs case with adoptions regarding the appropriateness of adoption as the case plan and

staff the case with the county attorney regarding grounds for termination of parental rights.

****Note: a referral to adoptions can and should be made prior to any termination of parental rights action or any decision about adoption in order that concurrent decision-making and concurrent service delivery may be provided.***

5. Informs parent(s) if adoption is being recommended. Court approval is not needed to change the plan to adoption. (For children abandoned at hospitals, refer to Section 812.01). Assists attorney with TPR summary for complaint to be filed.

**Note: Reference Section 843, Annual Permanency Planning Hearing and SC Code of Laws, Section 20-7-764 and Section 20-7-766.*

(a) Apprises the foster parent of the plan to change the permanent plan.

**Note: Reference Section 819.2, Monthly Contacts with Foster Children and Providers.*

6. Retains case management of the foster child's case and works concurrently with adoption staff through the Termination of Parental Rights hearing.

****NOTE: Case Management is to remain with Foster Care if the TPR is appealed.***

7. If Adoption becomes the plan for the child:

a. Submits any requested documentation for TPR to the designated county attorney.

**Note: Refer to 826.01, if attorney requests TPR summary format.*

b. Documents any legal actions in the agency's computerized data base (CAPSS).

c. Informs the child's foster family/foster care provider when TPR and Adoption has been approved for the child;

d. Sends a letter to the foster parent that adoption is the permanent plan and informs them that:

(i) if the foster parent is interested in being considered as an adoption resource and they do not have an approved home-study, the family should contact the designated adoption office for information about the adoption process and to obtain an adoption application.

(ii) if the required information is not submitted within 90 days of the receipt of this letter, then should the department subsequently remove the child from the foster home, the child will not stay in the home while the appeal is pending (if the removal is appealed).

(iii) that should a decision be made to move the child, written notice will be given prior to the removal unless the Department determines that there are emergency circumstances warranting immediate removal.

(iv) Prior to removing any foster child from a foster parent desirous of adopting said child, consultation should be made with program staff.
Neither race, color, nor national origin (RCNO) of a child or caregiver may be considered in the removal of a foster child, unless an individualized assessment reveals that such consideration is in the child's best interests.

8. May transfer case management to adoption staff only after:

- a. receiving written verification from the attorney that the TPR appeal period has ended (30 days from proof of service) with no appeal filed, and the child is now legally free,
- b. consulting with adoption staff regarding any needed documentation from the files, and
- c. update Legal and TPR sections of CAPSS if not already entered.

Adoption Administrator

9. Accepts case management of a foster child's case after conditions in #7 above are met, assigns an adoption specialist to work for the child. Retains case management until the child has been placed adoptively and adoption has been finalized.

Adoption Specialist

10. Assures any foster care board payments are terminated by updating the Placement screen in CAPSS when adoptive placement agreements have been signed.

- a. Opens a separate adoption service line in CAPSS.
- b. Coordinates with foster care staff to visit the child within thirty days of case assigned to Adoptions.

Foster Care/IFCCS worker

11. Attends Placement Committee meetings if asked to do so by Adoption staff.

Foster Care or Adoption Staff

12. If circumstances of the child's placement changes or other events occur related to the child, provides this information immediately to other staff who are involved in permanent planning for the child. (Update placement changes in CAPSS).

Foster Care/IFCCS worker

13. Continues primary case management (during the recruiting process) and schedules quarterly staffings, in person or by phone, to assess the status of the case.

Adoption Staff

14. Sends written notification to the county office within ten working days of a firm identification of an adoptive resource as determined by an Adoption Placement Committee.

Foster Care/IFCCS worker or Adoption Staff

- a. Upon receipt of written notification of identification of the resource, ensures foster parent is/has been given notice of the planned change in placement.

**Note: Reference Section 8451- Non- Emergency Removal of a Child.*

Adoption Staff

15. If an adoptive resource is not located within twelve months:
- a. jointly assesses case with other involved staff (and county attorney to determine if there is a need for a hearing or an amended order),
 - b. if all parties concur, the adoption case is closed and an alternative long-term plan is developed (provided court sanction has been obtained if needed),
 - c. documents actions in CAPSS Dictation, completes DSS Form 30133, Case evaluation and updates child's treatment plan as needed. (Cross reference Section 827).
16. Closes the Adoption Services Line in CAPSS within five working days of the staffing and/or court sanction recommending closure of adoption services.
17. If adoption should become appropriate at a later date, the adoption case may be reassessed.

Foster Care/IFCCS worker

18. If the child remains in foster care reassess potential for adoption annually; at a minimum discussing adoption as an option with the child and providers. Assessment can include a request for a staffing with Adoptions.

Referenced Documents

DSS Form 30231

Human Services 818.01

Human Services 819.02
Human Services 826.01
Human Services 827
Human Services 829
Human Services 843
SC Code of Laws, 20-7-764
SC Code of Laws. 20-7-766

Revision Comments

Item 3 – Note, language added to be in compliance with MEPA.

Item 7.d.,iv. revised to provide that RCNO may not be considered in removal, unless an individualized assessment shows that this is in the child's best interests.

MTS replaced with IFCCS throughout to reflect most recent service name.

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Revision Number: 03-02

Effective Date: 09/02/2003

826.01 Termination of Parental Rights Process

This procedure outlines the steps to be followed for initiating a termination of parental rights legal action provided the court has ordered this or the case has been staffed with the county attorney and grounds for TPR exist.

Foster Care/MTS worker

1. Submits any requested documentation for TPR to the designated county attorney within time frame to be determined by the attorney.

**Note: If there has been a permanency planning hearing and the department has been ordered to proceed with TPR, a complaint is to be filed within 60 days of receipt of the order. (Note: Refer to Section 20-7-766)*

a. Consult with the attorney to confirm how any TPR information is to be transmitted.

Note: If a TPR summary format is requested, see Section 826.2.

Adoption staff

2. If an adoptive home has not already been identified, adoption staff works concurrently with foster care staff to diligently seek an adoptive resource for the foster child. *Note: Cross reference Section 826.*

Foster Care/MTS worker

3. Completes a transmittal letter for the County Director's signature to be attached to any TPR materials submitted to the county's designated attorney (if materials are being mailed):

a. A copy of any TPR information is to be sent to the appropriate Area Adoption Office.

b. All information sent to attorney regarding the TPR should be stamped, or have written on it the term "Client-Attorney Confidential Information" (underlined and in capital letters on the top of the first page of the correspondence).

Foster Care/MTS worker

4. Attends and participates in TPR hearing.
5. In the event that a TPR is **not granted** the following may occur:

Family Court

- a. The family court, if it determines that an additional permanency planning hearing is not needed can:
 - i) Order child returned to parents if parents counter-claimed for custody and return would not cause unreasonable risk of harm to the child. Court may order specified period of supervision and services not to exceed 12 months; or
 - ii) Provide for an alternate permanency plan (as provided in 20-7-766(e)) if child is not returned to the parent;

Note: Refer to Section 843.

- b. If family court determines that an additional permanency hearing is required; schedule it to be held within 15 days of the date the order is filed. The court's order must be sufficient to continue jurisdiction without any need for filing or service of pleadings by the department; or

Foster Care/MTS worker

6. At the permanency planning hearing following the TPR hearing referenced above:
 - a. Presents revised disposition and permanent plan at the court hearing; and
 - b. If the court approves retention in foster care, then the revised plans must address conditions that necessitated the removal of the child from the home as well as conditions which necessitate retention in foster care.
7. Document all legal actions in the legal fields of CAPSS-(Legal and TPR buttons).

Referenced Documents

Human Services 826
Human Services 826.02
Human Services 843
SC Code of Laws 20-7-766

Revision Comments

South Carolina Department of Social Services
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Revision Number: 03-02

Effective Date: 09/02/2003

826.02 Checklist Guide For TPR Packets

All summaries must be marked by Attorney/Client and Confidential; and signed by County Director or his/her designee. Do not disclose this document unless authorized by an attorney.

**Note- This document serves as a guide and is not required to be a part of the TPR packet unless requested by the county attorney*

I. Brief history of children's conditions of removal, placement and stay in foster care

II. Identifying Information

A. Child(ren)

- ___ Full name
- ___ Date(s) of birth(s)
- ___ County of placement
- ___ Birth certificate
- ___ Special needs, state what they are

B. Mother

- ___ Full name and aliases
- ___ Date of birth
- ___ Address or last known address
- ___ Social Security number(s)
- ___ Marriage license(s) or verification
- ___ Certified copy of death certificate if applicable
- ___ If receives SSI or SSA, name of payee

C. Father

- ___ Full name and aliases
- ___ Date of birth
- ___ Address or last known address
- ___ Social Security number(s)
- ___ Marriage license(s) or verification
- ___ Certified copy of death certificate if applicable
- ___ Relationship to child(ren)

Legal father

Biological father

- ___ If receives SSI or SSA, name of payee
- ___ Documentation of efforts to locate father

___ If father has child support enforcement case, provide attorney with payment history.

III. Guardian Ad Litem

___ Name, address and telephone number of GAL for child

___ Name, address and telephone number of GAL for parent(s), if necessary. (If GAL has been appointed)

IV. Pleadings

___ Court orders in chronological order beginning with 72 hour hearing order, removal order and any other orders.

V. Case Work

___ Names and addresses of all social workers involved in case

___ Support record (When and how requested, including any documentation)

___ Summary of visitation

___ All case plans treatment plans filled in completely

___ Chronological list of referrals and services offered to the parent(s) by the agency

___ Copies of correspondence from referrals and services regarding parent(s) progress

___ Chronological list of parent(s) employment

___ Chronological list of parent(s) residence(s)

___ Copies of agency's correspondence to parent(s) arranged in chronological order

___ Copies of home studies on parent(s) home(s)

VI. Absent Parent(s)

___ List of efforts to locate parent(s)

___ Copies of correspondence to support efforts to locate

___ Address where parent(s) last cohabited

VII. Medical Records

A. Parent(s) (If relevant to grounds for TPR)

___ 1. Evaluations - not more than six months old

___ a. Mental illness

___ b. Mental retardation

___ c. Drug addiction

___ 2. Dates of admission to and discharge from

___ a. Mental hospital

___ b. Drug or alcohol rehabilitation centers

___ 3. Names, addresses and telephone numbers of expert witnesses

VIII. Criminal Records on Parent(s)

___ 1. Dates, places and reasons for incarceration

___ 2. Verified release dates

IX. Miscellaneous

___ 1. Copies of all relinquishment(s) signed by parent(s)

- ☐ 2. Copies of all denial(s) of paternity signed by the father(s)
- ☐ 3. Copies of affidavit(s) identifying the father(s)

X. Permanency Planning for Child(ren)

- ☐ Adoption
- ☐ Foster parent adoption
- ☐ Relative adoption
- ☐ Other

XI. Grounds - State in your own words, basis upon which TPR is sought.

Referenced Documents

Revision Comments

South Carolina Department of Social Services
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CHAPTER 8, Foster Care
Revision Number: 05-01

Effective Date: 11/03/2005

826.03 Working with Parents During Termination of Parental Rights Action

The following procedures list the activities that continue with or on behalf of the parents while TPR action is pending.

Foster Care/MTS worker

1. Resubmits the TPR summary (if returned by county attorney) with additional information, unless advised otherwise.
 2. Contacts county attorney and area adoption staff if situation changes.
 3. Continues working with the parent(s) according to the treatment plan ([Child and Family Service Assessment Plan, DSS form 30231](#)) unless the court has ordered otherwise.
 4. Notifies county attorney if parents who were previously absent, not cooperating, or visiting contacts the case worker or any other DSS staff any time after pleadings are filed or served.
 5. Documents all case actions in the following of CAPSS including Dictation, Legal and TPR screens.
-

Referenced Documents
DSS Form 30231

Revision Comments
Item 3, inserted Child and Family Service Assessment Plan language. 8/05

South Carolina Department of Social Services
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Revision Number: 03-02

Effective Date: 09/02/2003

826.04 Foster Parent Adoption

This section outlines the procedure when adoption is the agreed upon plan by the agency, and the foster parents have indicated an interest in adoption of the foster child in their home. (Refer the Chapter 4, Adoption and Birth Parent Services Policy and Procedure Manual, Sections 407 and 454.08, Foster Parent Adoption).

Foster Care/MTS worker

1. Informs the foster family that the plan for the child is TPR and Adoption. Foster families must receive notice of any court hearings specific to the child or case planning; especially if there is a change in placement and/or permanent plans.
2. Refers the foster parent(s) immediately to the DSS Area Adoption Office for discussion of the plan.
3. Contacts the Area Adoption Office within five working days of interest in adoption being identified by the foster parents.
4. Retains case management of the foster child's case and works concurrently with adoption staff through the Termination of Parental Rights hearing.

**NOTE: Case Management is to remain with Foster Care if the TPR is appealed.*

5. May transfer case management to adoption staff only after:
 - a. receiving written verification from the attorney that the TPR appeal period has ended (30 days from proof of service) with no appeal filed, and the child is now legally free,
 - b. consulting with adoption staff regarding any needed documentation from the files, and
 - c. update Legal and TPR sections of CAPSS if not already entered.

Adoption Staff

6. Accepts case management of a foster child's case after conditions in #5 above are met. Retains case management until the child has been placed adoptively and adoption has been finalized.

- a. Assures any foster care board payments are terminated by updating the Placement screen in CAPSS when adoptive placement agreements have been signed.

Adoption Staff

7. Closes Foster Care services line and Adoption services after the adoption finalization hearing.
-

Referenced Documents

Revision Comments

South Carolina Department of Social Services
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Revision Number: 09-04

Effective Date: 05/14/2009

827 Disruption of a Non-Finalized Adoption

This section outlines the procedures to be followed when adoption placement disrupts and the adoption has not been legally finalized (also refer to Chapter 4, Adoption and Birth Parent Services, Section 420, Disruption).

Foster Care/IFCCS Worker/Adoption Specialist

1. Notifies any other involved department staff when it appears the placement is disrupting.
2. Schedules a disruption staffing with any other needed department staff and/or other involved parties to agree on respective roles and responsibilities and to make a decision about future permanent plan and placement.

**Note: Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child, unless an individualized assessment reveals that such consideration is necessary to advance the child's best interests. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider and providers may not be denied the opportunity to provide care on the basis of the RCNO of the provider or the child.*

3. Determines stage of adoption process and consults with attorney as to whether further legal actions are needed. Participates in any needed court action.
 4. Locates an alternative placement, facilitates the placement with the assistance of any other needed staff, and updates "Placement" screen in CAPSS.
 5. Retains case management and planning responsibility until a post disruption staffing is held and it is determined if adoption or another plan will be implemented.
 - a. Completes a case evaluation (found in the Child and Family Assessment Service Plan, DSS Form 30231) and updates the child's treatment plan as needed. Documents any legal actions in Legal folder and other case actions in Dictation.
 - b. Closes Adoption services line in CAPSS if adoption is no longer the plan.
-

Referenced Documents

DSS Form 30231

Revision Comments

Item 2- Note, language added to be in compliance with MEPA

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Revision Number: 05-01

Effective Date: 11/03/2005

828 Adoption No Longer the Plan

This section outlines the procedures to be followed when adoption no longer appears to be the appropriate case plan.

**Note: Cross reference Section 826 for more information.*

Foster Care/MTS Worker/Adoption Specialist

1. Schedules a joint staffing with other involved parties to make a joint decision regarding an alternate plan for a child when the child's best interests require a plan other than adoption.
2. Documents changes in circumstances and staffing results in CAPSS Dictation.
3. Documents that all involved parties, including provider, are aware of the changing permanent plan.
4. [Completes a case evaluation and updates the permanent plan on Child's Treatment Plan, \(located in Child and Family Assessment Service Plan, DSS Form 30231\).](#)
5. Staffs case with adoption administrator and attorney to determine if there is a need for a hearing or amended permanency planning order.
6. Participate in any required hearings if needed.
7. Close any Adoption Services Lines in CAPSS within five working days of the staffing regarding an alternate plan.
8. If child remains in foster care, reassess potential for adoption annually, and complete annual permanency planning hearings. Annual assessments at a minimum should include discussion of adoption as an option with the child and provider. A request for staffing with Adoptions can be made if needed.

DSS Form 30231
Human Services 826

Revision Comments

Item 4, inserted Child and Family Assessment Service Plan language. 8/05

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CHAPTER 8, Foster Care

Revision Number: 03-02

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829 Parents Request Voluntary Relinquishment

This section outlines the procedures to be followed when parent(s) wants to voluntarily release their child(ren) for adoption. If a family has adopted a child from a private provider and/or international agency requests to relinquish a child, they should be referred to the Area Adoption office.

**Note: There are special circumstances applied when a parent abandons, or directs another person to abandon, their infant under the age of thirty (30) days. For more information on abandoned infants, reference Section 812.1 in this chapter.*

CPS or Foster Care/MTS worker

1. If the child is six months old or less:
 - a. Assesses whether other services may be more appropriate than relinquishment.
 - b. Refers parent(s) to the local DSS Area Adoption Office.
 - c. Informs Area Adoption Office of referral.
2. If the child is older than six months:
 - a. Assesses whether other services may be more appropriate than relinquishment;
 - b. Contacts the Area Adoption Administrator/Supervisor, if the parent(s) insist on relinquishment;
 - c. Jointly staffs the case with the Area Adoption Office to determine an appropriate course of action, with relinquishment as the last resort;
 - d. Consults with legal staff as needed.

** Note: In general, for children over 6 months, relinquishments are taken if it is in the best interest of the child. Every effort should be made to assist by providing supportive services in order to preserve the family.*

3. If a family has adopted a child from a private and/or international agency and requests to relinquish a child, they should be referred to the Area Adoption office.

Referenced Documents

Human Services 812.01

Revision Comments

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Effective Date: 11/03/2005

830 Permanent Plan: Placement with Custody and/or Guardianship

This section outlines the procedures to pursue placement with custody and/or guardianship as the permanent plan for the child.

"Guardianship of a child" means the duty and authority vested in a person by the family court to make certain decisions regarding a child, including:

- (a) consenting to a marriage, enlistment in the armed forces, and medical and surgical treatment;
- (b) representing a child in legal actions and to make other decisions of substantial legal significance affecting a child; and
- (c) rights and responsibilities of legal custody when legal custody has not been vested by the court in another person, agency, or institution.

"Legal custody" means the right to the physical custody, care, and control of a child; the right to determine where the child shall live; the right and duty to provide protection, food, clothing, shelter, ordinary medical care, education, supervision, and discipline for a child and in an emergency to authorize surgery or other extraordinary care. The court may in its order place other rights and duties with the legal custodian. Unless otherwise provided by court order, the parent or guardian retains the right to make decisions of substantial legal significance affecting the child, including consent to a marriage, enlistment in the armed forces, and major non-emergency medical and surgical treatment, the obligation to provide financial support or other funds for the care of the child, and other residual rights or obligations as may be provided by order of the court. (SC Code of Laws, 20-7-490 (20-21))

Foster Care or MTS worker

1. Completes the Child and Family Assessment Service Plan, (DSS Form 30231) to document reunification and adoption have been ruled out as permanent plans.
2. Documents whether relatives or others are aware the agency will close case should custody be given to them; or should they adopt, that an adoption subsidy may be available. **If adoption is the plan review Section 826.**

3. Documents if relatives or other caregivers are willing to assume all legal and financial responsibilities connected with custody/guardianship and to handle parental contact as they may arise. Explains the option of foster home licensing, financial benefits and continued agency and court involvement.

a. Determines what powers and responsibilities will be transferred to the relative or other individual assuming custody or guardianship (for example the right to consent to non-emergency surgery)

Note: Non-relatives are not eligible for TANF resources just by virtue of having custody of a specific child. Their whole family/economic situation would have to be assessed.

4. Completes home study on relative or other to determine suitability for placement (if relative or caregiver has not already been studied or licensed for placements). Cross reference Chapter 9, Sections 911, 912, and 913.

5. Upon a favorable home study, corresponds with county's designated attorney and Area Adoption office to their recommendation regarding the recommended plan.

a. Requests the court to indicate what conditions are necessary for the parents to regain full custody.

6. Documents all legal action in CAPSS Legal screen.

Referenced Documents

DSS Form 30231

Human Services 826

Human Services 911

Human Services 912

Human Services 913

Revision Comments

Introduction, Inserted language from the Children's Code to clarify legal custody and guardianship. 8/05

Item 1, added Child and Family Assessment Service Plan language. 8/05

Item 5(a), added language to clarify conditions for parents to regain custody. 8/05

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Revision Number: 09-04

Effective Date: 05/14/2009

830.01 Emergency Study of Unlicensed Relative or Other Placements

When children in the legal custody of the agency are placed in an unlicensed relative or non-relative placement, certain provisions apply. Follow the procedures in Chapter 9, Section 911, 912, and 913 for guidelines on assessing for safety. As a general rule, children in the agency's custody should not routinely be placed in unlicensed placements. Placement decisions must consider in state and out-of-state placement resources

*Note: Placements made out-of-state must be comply with ICPC regulations, home studies through ICPC must be completed within 60 days; refer to Sections 841.01 to 841.01.

When possible, and in the child's best interest, preference must be given to placement with relatives or other persons known to the child and who have had a constructive and caring relationship with the child. The race, color and national origin (RCNO) of the child or prospective caregiver may not be considered in the placement selection for the foster child.

When a non-relative is to be considered for placement, neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child.

Placements may not be delayed or denied on the basis of RCNO of the child or the provider. Culture may not be used as a proxy for RCNO.

Referenced Documents

Human Services 911

Human Services 912

Human Services 913

Revision Comments

Language added to be In compliance with MEPA

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Revision Number: 05-01

Effective Date: 11/03/2005

831 Another Planned Permanent Living Arrangement

The section outlines procedures to be followed when compelling reasons exist for the selection of a permanent plan other than reunification, adoption, or legal custody/guardianship to a relative or non-relative, [placement with a fit and willing relative](#) in a licensed foster care setting and an alternative plan is in the child's best interests. [The Adoption and Safe Families Act of 1997, PL 105-89 provides for the permanency plan of Another Planned Permanent Living Arrangement \(APPLA\) that is designed to be a stable safe living environment and to provide a set of relationships with lasting supportive relationship intended to last a lifetime.](#)

Foster Care/MTS Worker

1. [Completes the Child and Family Assessment Service Plan \(DSS Form 30231\)](#) and reviews case evaluation to determine if the child cannot be returned home.
2. Considers an alternate permanent plan when the court finds that:
 - a. reunification cannot be accomplished with the parents.
 - b. adoption is not possible/appropriate.
 - c. There are no relatives or non-relatives willing or appropriate for adoption, custody, [guardianship](#) of the child and no relative is willing to provide a home intended to last indefinitely in foster care;
3. Reviews alternate plan for placement in a Team Decision Making meeting (or Total Service Planning Team) and include parent and the GAL.
4. If a child will be remaining in a specified placement, discusses option with child and foster care provider and proceeds with the plan only if they both [agree, and there is evidence of a commitment to a long-term relationship](#).
5. [Determine if the permanency goal of APPLA meets the following criteria:](#)
 - a [The permanent plan is permanent \(intended to be enduring, lasting\).](#)
 - b. [The plan assures stability, predictability or continuity of a family and home for the child.](#)
 - c. [The living arrangement is with a specified adult \(non-relative, relative\) who is licensed and committed to providing a life nurturing relationship](#)
6. [If child/youth does not live in the placement setting with the individual committed to providing a](#)

long term relationship (i.e. child lives in group home, residential treatment facility, etc.), then, identifies an individual who is committed to maintaining an ongoing contact with the child to provide family-like connections (examples may include current and former caretakers, mentors, coaches, relatives, etc.).

a. If the identified individual is not interested in any overnight visits with the foster child, then conduct the following background checks including: Central Registry, Sex Offender and SLED checks.

b. If the identified individual is interested in providing overnight visits with a foster child,

be certain to review the following issues including:

- reviewing the child's court orders to ensure there are no restrictions in place regarding overnight visitation.
- ensuring that the child has no physical or medical conditions that would pose a risk to the child.
- obtaining parental consent for overnight visitation.
- reviewing the agency's policy on corporal punishment.
- ensuring there is a contact number in the event of an emergency.
- inquiring about being licensed as a foster parent.
- completing a home visit using the checklist of safety factors as identified in Chapter 928.02.

7. When a child is receiving an accelerated board payment with APPLA as a permanent plan, explain to the provider (therapeutic foster parent, or group care provider) that any Difficulty of Care Board Rate (DCRB) is dependent upon child's ongoing exceptional needs.

8. Notifies biological parents) of the plan and determines with the parents) future contacts and responsibilities of the parent concerning the child.

9. Requests a permanency planning hearing for court approval of the plan.

Note: The court order from the hearing should reflect that reasonable efforts were made to implement the permanent plan.

10. Develops a placement plan with the provider and child to meet the child's individualized needs, including objectives for independent living for a youth 13 to 21 years of age.

11. Continues annual reassessment of adoption as an option or any other placement plan that will provide a stronger intent for permanency, such as the transfer of custody or guardianship and the child exiting foster care.

12. Requests a permanency planning hearing for court approval of the plan.

13. Documents all actions in CAPPS Legal, Placement and Dictation screens. [Indicates permanent plan in CAPSS according to the table in Section 825.](#)

Referenced Documents

DSS Form 30231

Revision Comments

Title, Another Planned Permanent Living Arrangement (APPLA) Language substituted. 8/05

Item 1, inserted Child and Family Assessment Service Plan language, 8/05

Item 5, inserted language to clarify the criteria for a long term plan of APPLA. 8/05

Item 6, requires an individual be identified if APPLA is the permanent plan. 8/05

Item 6(a), background check language for individuals committed to maintaining a relationship with a foster child. 8/05

Item 6(b), added requirements for individuals interested in home visits for foster children. 8/05

Item 7, APPLA language inserted. 8/05

Item 13, revised to reference permanent plan in CAPSS. 8/05

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Revision Number: 09-04

Effective Date: 05/14/2009

831.01 Ongoing Supervision of Children Who Remain in Foster Care

The following procedures are to be followed in supervising extended foster care placements.

*Note: Refer to Section 819 for information regarding the frequency of contacts for foster children and providers.

Foster Care/IFCCS worker

1. Has face-to-face contacts or arranges contact through inter-county agreement:
 - a. Makes a face-to-face contact with child and foster care provider once every month to assess for safety for a child in a foster placement.
 - b. Increases frequency of contacts when the child's needs and other factors/ issues require more contact.
 - c. Has at least monthly telephone contact if other than assigned worker makes face-to-face contact with youth.
2. Updates child's progress toward meeting objectives and tasks on the Child's Treatment Plan by completing the Child and Family Assessment Service Plan (DSS Form 30231) every six months. In addition, involves foster care provider and child in revising treatment plan.
 - a. Completes a case evaluation (DSS Form 30231);
 - b. Makes referrals as necessary;
 - c. Include independent living services for youth ages 13 to 21 year of age.
3. Coordinates ongoing visitation with parents, siblings, and relatives per placement plan or court order.
4. If the placement disrupts, follows procedures for placement change (refer to Section 845). **Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider.**
 - a. Confers with supervisor to develop an alternate permanent plan.
 - b. Develops an alternate plan for child's care and documents compelling reasons

for the substitution of the plan.

c. Schedules an additional permanency planning hearing (if needed) to obtain sanction of the court of a change in the alternate plan (if such a change is needed).

d. Document all actions in CAPSS Legal and dictation screens.

5. Assess child's significant attachments including but not limited to family members or former foster parents for the purpose of possible permanent homes or continuing relationships. Follow-up as necessary to ensure the resource is a viable long-term placement option for the child (back ground checks, home-studies, etc.) adjust or change the concurrent permanency plan if necessary. (Refer to SC Code of Laws, 20-7-764).

Referenced Documents

SC Code of Laws, 20-7-764
Section 819

Revision Comments

Item 4, language added to be in compliance with the Multi-Ethnic Placement Act.

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832 Independent Living Services and Self Sufficiency Skills Introduction

This section contains basic information about Independent Living Services.

Primary Legal Basis:

Foster Care Independence Act of 1999 (PL 106-169): Established the Chaffee Foster Care Independence Program.

Promoting Safe and Stable Families Amendments of 2001 (PL 107-133):

Added to the Chaffee Foster Care Independence Program by making Education and Training Vouchers available to youth who have aged out of care and to those who were adopted after age 16.

PL 110-351 Fostering Connections to Success and Increasing Adoptions Act (2008): Adds the requirement that during the 90-day period prior to the youth's emancipation, a personalized transition plan must be developed with the youth.

PL 111-148 Patient Protection and Affordable Care Act of 2010, section 2955: Requires the transition plan to include information about health care power of attorney, health care proxy or similar document.

The foster care independence program has six purposes that are established by Federal law as follows:

1. To identify children who are likely to remain in foster care until 18 years of age and to help these children make the transition to self-sufficiency by providing services such as assistance in obtaining a high school diploma, career exploration, vocational training, job placement and retention, training in daily living skills, training in budgeting and financial management skills, substance abuse prevention, and preventive health activities (including smoking avoidance, nutrition education, and pregnancy prevention);
2. To help children who are likely to remain in foster care until 18 years of age receive the education, training, and services necessary to obtain employment;
3. To help children who are likely to remain in foster care until 18 years of age prepare for and enter post-secondary training and education institutions;
4. To provide personal and emotional support to children aging out of foster care through mentors and the promotion of interactions with

dedicated adults;

5. To provide financial, housing, counseling, employment, education, and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood;
6. To make available vouchers for education and training, including post-secondary training and education, to youths who have aged out of care.

Independent Living Overview

Independent living is a program of services to be provided to all youth in foster care, ages 13 and up, regardless of their permanent plan.

Partnering with providers, the department will assist youth to receive the education, training and services necessary to prepare for and enter post-secondary training and education, or to become employed. Youth must also make a commitment to recognize and accept their personal responsibility in becoming self sufficient, preparing for adulthood, and transitioning out of the foster care system. Foster Care youth ages 13 through 18 years of age must have permanent plans of reunification, adoption, legal custody/guardianship, placement with a relative who has the intent for the child to remain, or other court approved plan based upon a compelling reason submitted by the agency (See Section 831 Another Planned Permanent Living Arrangement). No matter the permanent plan, the department, in partnership with youth's provider, is to assist the youth in acquiring certain services and skills related to independent living and self sufficiency.

Requirements for coordinating Independent Living Services:

1. All foster care youth ages 13 through 18, must complete an annual life skills assessment (Ansell-Casey Life Skills Assessments found at www.caseylifeskills.org). If a youth does not have access to a computer, then a copy of the assessment is provided.
2. Foster youth who are entering the 11th grade or who reach the age of 17 (whichever comes first), must be referred to the local One-Stop Workforce Career Center for an orientation to the services available through the federal Workforce Investment Act.

3. Independent living goals are included in the youth's assessment and case plan and are updated as necessary in CAPSS.

4. Monthly visits with teen are used to review IL skills progress within the foster home or group home setting and to update the P.A.T.T.Y. as needed.

5. Transition planning and an exit interview for the youth's discharge from foster care is documented with emphasis on housing, medicaid coverage and/or health coverage, education, and employment plans. The transition plan must include information about health care power of attorney and health care proxy along with the necessary documents for the youth to execute the power of attorney/proxy if he/she chooses to do so. (See section 832.01.01 Transition Planning Prior to Emancipation)

6. When the youth leaves care, he or she should have originals of their birth certificate, social security card, and medicaid card (see note following this paragraph), and Education and Health Passport. Other documents to be given to the youth include: family pictures/ scrapbook, family genogram, copy of placements, Life Book, resource book on Medicaid and health providers, any identification cards and/or driver's license, library card, resource book on transportation services and public assistance offices, and any funds from personal accounts that are not already encumbered for agency expenses (and identified in the transition plan). Youth in foster care who are eligible for IL services can retain up to \$10,000.00 in a personal account managed by the agency and still be potentially eligible for IVE federal funding.

- Foster youth in care on their eighteenth birthday qualify for Medicaid coverage until age twenty one with few exceptions.

7. Special discharge planning is necessary for those youth who have developmental, medical and/or psychiatric conditions which will significantly prevent them from living independently. Staffings with Adult Services, relatives and other agencies involved with the youth, must be coordinated to develop an ongoing supportive network for the youth.

Referenced Documents

PL 106-169

PL 107-133

PL 110-351

PL 111-158

Revision Comments

Added legal basis and requirement related to healthcare power of attorney/ healthcare proxy.

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832.01 Independent Living Guide for Youth

Below is a potential checklist or guide of services and skills that a youth age 13 or older should be receiving or learning depending on the individual's developmental abilities and personal need.

Those with an * are applicable primarily to youth ages 16 and older. Some issues may not be applicable.

Note: Staff must check funding availability with IL program staff prior to committing to any service.

I. Personal and Family History/Relationships

- Provision of pictures that chronicle life history.
- Assistance in understanding family tree with genogram.
- Assistance in developing or continuing Life Book.
- Assist teen with contact with family members, siblings, etc. (consider teen's best interests).
- Assistance in realistic resolution of fantasy or negative emotions related to family.
- Training/information about domestic violence, appropriate physical contact, and evaluating appropriate relationships.

II. Hygiene and Grooming Information and Training:

- Training in personal care of self based on developmental level of youth.
- Information about human sexuality and effects of puberty and other normal body functions.
- Training in use of toiletries.
- Training in laundering and care of clothing.
- Information about hair care.
- Assistance in shopping for own clothing.

III. Health care Information and Training:

- Training in emergency first aid appropriate to age and developmental level.
- Information on use of medication and following prescriptions.
- Information on use and dangers of tobacco, alcohol, and drugs.
(Referral to support groups like ALANON and ALATEEN or to counseling groups as needed.)
- Information on sexually transmitted diseases, birth control information and family planning.

Information about routine dental care and how to access services.
Familiarization with health care systems, clinics, doctors, etc.
Information and training on yearly physicals and/or how to get medical attention when needed.
Information on health insurance coverage. (Medicaid can continue for youth if youth was still in foster care on 18th birthday.)
Information on biological parents health history and genetic counseling as needed.

IV. Household Maintenance and Housing:

Training in housekeeping skills.
Training on the use of household appliances.
Comparison shopping for household furnishings.
Information on securing household utilities.
Financial assistance with rent and utility deposits and payments (start-up money).
Supervised independent living arrangement prior to discharge, if appropriate.

V. Meal Preparation and Nutrition

Training youth to plan and prepare meals or menu based on their developmental level.
Information on nutritional value of food.
Training on comparison shopping and unit pricing in food purchasing.

VI. Money Management and Consumer Information:

Provision of allowance for budgeting training.
Training on budgeting and responsible money management.
Information about establishing checking and/or savings accounts.
Information on consumer protection laws.
Information on securing and managing credit.
Information on requirements for automobile purchase and use (license , insurance, taxes).
Information about securing driver's license or official identification card, if appropriate.

VII. Educational Support:

Assistance in securing library card.
Active and ongoing contact with schools to assure maximum benefit.
Tutoring for remediation and/or enrichment.
Maintenance of stable school placement.
Financial support necessary to facilitate participation in extra curricular activities.
Preparation for GED, if appropriate.
Information regarding two and four year colleges or technical colleges.
Assist with college applications, financial aid resource explanations/ applications and application fees.

VIII. Vocational Preparation:

- Help youth identify and develop skills for age appropriate chores and jobs.
- Exposure, perhaps through visits, to various work environments.
- Vocational testing.
- Assistance in vocational planning.
- Financial assistance to secure vocational training.
- Job training and placement information.
- Training on completion of job applications.
- Training on job hunting and interviewing.
- Training on maintaining employment and on-the-job conflict resolution.
- Assistance in securing work permit.
- Training on grooming and proper dress for work environment.

IX. Community resource Information and Utilization:

- Referrals for community sponsor for one-to-one support (big Brother/Sister, Mentoring).
- After school programs, Boys and Girls clubs, etc).
- Support of foster adolescent support groups (peer counseling) as needed and available.
- information on mental health support groups as needed and appropriate.
- Information on parent training and child care services as needed and appropriate.
- Recruitment of and placement in specialized foster homes to support development of self sufficiency skills, if needed and appropriate.
- Referral to community services, classes, support groups, etc. if needed and appropriate.
- Training on use of public transportation.
- Information on safety rules for bikes, personal scooters, etc..
- Training courses available through the Red Cross.
- Information on availability of services in the community; including churches/faith groups.
- Information on application process for public financial aid, food stamps, Medicaid, SSI, Social Security Survivors Benefits, public housing, etc.

X. Personal Counseling and Social Skills Development:

- Counseling on interpersonal relationships.
- Training in personal decision making and problem solving.
- Training in stress management and time management.
- Training on personal safety.

Revision Comments

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832.01.01 Transition Planning Prior to Emancipation

This section explains that a meeting must be held to develop a personalized transition plan with older youth to prepare the youth for living independently. This plan will ensure that critical skills have been learned and services are in place before the youth exits care.

Federal law requires that the transition plan be developed with the youth during the 90 days immediately prior to the youth's 18th birthday. Because the time frame of this requirement leaves a short time for implementation prior to emancipation, SCDSS has strengthened the Federal mandate to require that the plan be developed within 90 days of the youth's **17th** birthday. For compliance with the Federal law, the plan must be reviewed and updated, with input from the youth, during the 90 days immediately prior to the youth's 18th birthday.

Procedures to Accomplish

Transition planning is an ongoing process for all youth ages 13 to 21 years of age. Prior to development of a formal transition plan, the worker engages and assists the youth in identifying future goals and the services needed to achieve those goals.

The transition plan must be formalized at age 17 and must focus on the immediate services and skills that the youth will need when emancipated. The youth must be informed of the purpose and the importance of the transition plan and that he/she is expected to actively participate. Assisting the youth to identify and engage individuals in his/her support system is essential when developing the transition plan. Service providers, foster parents, family members, and any other individuals with whom the youth has a positive connection should be invited to participate in development of the transition plan.

If connections are being considered with relatives or other acquaintances who have not been regularly involved with the youth while the youth has been in care, the CPS and Sex Offender registries must be checked on those individuals.

1. All of the topics (a-g below) should be addressed and included in the transition plan. The options and resources available within these topics must be clarified.

a. Identification of adults who will be part of the youth's continuing support system. Those adults participating in the development of the transition plan are encouraged to be active participants in the implementation and execution of the transition plan. The items listed below are also important to the success of the support system for the youth.

i. Local opportunities for mentoring and other continuing support services available through supportive connections must be explored.

ii. If the youth has faith/spiritual based beliefs, assistance with development of associated connections must be explored such as, referral to youth ministry.

iii. The youth must be given the information about the importance of designating someone as health care power of attorney/health care proxy to make health care treatment decisions on behalf of the youth if the youth is unable to do so. Participants in the transition planning may be able to assist the youth in making a determination regarding the appointment of a health care designee. The youth is given the following documents with an explanation of the purpose:

(a). A copy of the Advance Care Planning brochure entitled, "Isn't It Time We Talk" found on the Carolinas Center for Hospice and End of Life Care website,

<http://carolinasendoflifecare.org/pdf/ACP2010.pdf>

(b). The necessary corresponding SC Power of Attorney forms are made available, if the youth chooses to execute the documents. These forms can be found at:

<http://carolinasendoflifecare.org/pdf/2007scHCPOA.pdf>

- b.** Health insurance (if in foster care on 18th birthday Medicaid eligibility continues to age 21 with few exceptions)
 - c.** Health education including information relating to sexual health (including family planning), services and resources to ensure that the youth is informed and prepared to make healthy decisions about his/her life.
 - d.** Education including post-secondary school and vocational training
 - e.** Housing
- f.** Work force supports and employment services
 - g.** Each youth age 16 and older in foster care must receive a copy of any consumer credit report each year until discharged from care and must be assisted in interpreting the credit report and resolving any inaccuracies. A copy of any report received is given to the youth and a copy is kept in the case file.

Additional information may be found at
<http://www.ftc.gov/bcp/edu/microsites/freereports/index.shtml>

- 2.** The transition plan is completed as a part of the case evaluation.
- 3.** The PATTY form (DSS 30206), Providing Assistance To Transitioning Youth, is to be used as a planning tool with all youth, ages 17 and older and is used as a tool to assist in developing the transition plan. The PATTY continues to be used with all youth who have aged out of care (ages 18-21) and who are in need of services.
 - NOTE:** Youth will be advised of the option to remain in placement with the agency by signing DSS 30136, Agreement for Continued Placement of Persons Eighteen to Twenty-One Years of Age, while continuing to work on further education, job skills, or due to a disabling condition.
- 4.** Progress is evaluated and the transition plan is updated monthly with input from the youth. Services are added, if needed, until the youth exits care.
- 5.** The youth is contacted monthly for a minimum of six months after discharge from care to provide transition support. In addition, the worker must make monthly face-to-face contact with all youth who exit care and continue to receive any IL funding with the following exception: face-to-face contact can be quarterly for youth who are living in college housing with telephone contact monthly.
- 6.** An Aftercare service line must be authorized for the duration of disbursement of Chafee or ETV funds.

7. Dictation is recorded in CAPSS for all actions above and for aftercare services.

8. NYTD services must be recorded monthly in CAPSS.

Statutes/Regulations

Social Security Act Title IV-B: Case plans must include a written description of programs and services that will help older foster children prepare for transition from foster care to independent living.

PL 106-169, The Foster Care Independence Act of 1999: Funding for programs to assist youth in making the transition from foster care to self-sufficiency.

PL 110-351, Fostering Connections to Success and Increasing Adoptions Act (2008): Adds the requirement that during the 90-day period prior to the youth's emancipation, a personalized transition plan must be developed with the youth.

PL 111-148 Patient Protection and Affordable Care Act of 2010, section 2955: Requires the transition plan to include information about health care power of attorney, health care proxy or similar document.

PL112-34 The Child and Family Services Improvement and Innovation Act (2011): Requires yearly credit reports for youth in foster care who are 16 years old and older.

Related Policies

Section 824 Case Evaluation

Referenced Documents

PL 110-351

P.L. 111-148

PL 106-169

Social Security Act Title IV-B

DSS 30206

DSS 30136

Revision Comments

The transition plan is required to be developed within 90 days of the youth's 17th birthday and must be reviewed 90 days prior to the youth's 18th birthday. The worker must make monthly face-to-face contact with all youth who exit care and continue to receive any IL funding with the following exception: face-to-face contact can be quarterly for youth who are living in college housing.

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832.02 Checklist for Teens Exiting From Foster Care System

Directions: N/A can be a response for issues, depending on circumstances. Explain N/A in documentation or on back.

____ **A face-to-face exit interview and evaluation of services and progress conducted.**

____ **Was provided with a household shower (if going to college or moving out on their own)**

____ **Was provided with the following:**

____ **A community resource brochure or handbook**

____ **Informational brochure about foster care aftercare services**

____ **Original birth certificate**

____ **Original Medicaid card / [Information about health insurance](#)**

____ **Original social security card**

____ **Information about obtaining driver's license or other identification cards**

____ **Copy of placements (or listing of past significant placements)**

____ **Life Book or other memorabilia from foster care**

____ **Family pictures/scrapbook (if available from family of origin)**

____ **Family genogram (and assistance with explanation/understanding)**

____ **Funds from personal accounts not already encumbered for agency expenses**

_____ Information about voter registration

_____ Information about contraception or family planning resources

_____ Information on Employment Security agencies

_____ Information about educational scholarships

_____ Education and Health Passport and any other significant educational and medical information

_____ Informational brochure about a health care power of attorney and health care proxy

Documents necessary to execute the health care power of attorney/health

care proxy were made available to the youth

_____ For males age 18 and still in care; information about Selective Service registration. By law, males must register within 30 days before or 30 days after their 18th birthday with few exceptions. Registration can be done on-line at the following website:
<http://www.sss.gov>

_____ Request for signed aftercare agreement regarding potential follow up by agency

_____ A copy of the NYTD brochure and NYTD website:
<http://www.nytdstayconnected.com>

_____ Information about the Foster Club website (www.fosterclub.com)

_____ Community Referrals

Contact information:

Person to contact in case of an emergency:

Name Address

Phone E-mail address

Someone who will be able to get in touch with you 5 years from now:

Name Address

Phone E-mail address

Youth phone # _____

Youth e-mail address _____

Youth's Social Network Cite: Facebook____ Twitter____ Other

Signature of Youth Date

Signature of Worker Date

Referenced Documents

Education and Health Passport

Revision Comments

Revised to include additional requirements.

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832.03 Independent Living - Alternative Permanent Plan

Compelling reasons must be supplied to the court for it to approve an alternative permanent plan. If reunification, adoption, relative adoption or custody/guardianship have been ruled out as options for a foster youth age sixteen years and older, then the youth should be transitioned toward eventual independent living (and emancipation from the foster care system).

Foster Care/MTS worker

1. Assess independent living skills the adolescent needs to acquire in order to make the transition into adulthood. Annually coordinate an independent living assessment.
 - a. In addition, prior to the youth's 18th birthday, have youth complete all the assessment instruments available through FI (Family Independence).
 - b. Consider repeating assessment (above) between ages 19 and 21 if youth still receives foster care services.

Foster Care/MTS worker and Supervisor

2. Updates the placement plan (or TSP) and case evaluation every 6 months, and with input from the youth.

Foster Care/MTS worker

3. Incorporates independent living services and self sufficiency skills training into the placement plan (or TPS) based on input from the biological family, the adolescent, the foster care provider, the foster care worker, other appropriate professionals (e.g., mental health counselor), and the results of the independent living assessment form.
 - a. Arranges for these documents to be signed by the adolescent and the provider after discussion.
4. If youth is age eighteen or older, the court no longer has jurisdiction, and the youth needs continued placement arrangements, he or she can sign a DSS-30136, Agreement for Continued Placement of Persons 18 to 21 years of age, provided:
 - a. The foster adolescent age 18 requests to remain in the agency's custody; the youth entered care prior to the youth's 18th birthday; the youth has no other alternative permanent plan option available and is not yet ready for emancipation; the youth is enrolled in a GED program, or is a full-time student in

a post secondary educational setting or in vocational preparation training.

**NOTE: See Section 832.4.*

5. During monthly visits with teen, document review of progress on IL skills within the foster home or group home setting.
6. Schedule annual permanency planning hearings (for the youth under age 18 years) or have the DSS-30136 signed annually (for the youth who is age 18 or older and needs continued placement).
7. When youth is 18 or older:
 - a. Decide in conjunction with the young adult if he or she is capable of living independently.
 - b. Assist in his/her transition from foster care to independent living and include specific aftercare services as needed. Cross reference 832.4, 832.5.
 - c. Provide a written 45 day notice to the youth and any placement provider regarding pending the termination of services and/or the scheduled court hearing to terminate custody. Have face-to-face meeting with youth.
8. Document all information in agency database.

Note: Special discharge planning is necessary for those teens who have developmental, medical and/or psychiatric conditions which will significantly prevent them from living independently. Staffings with Family Independence, Adult Services, relatives and other agencies involved with the teen must be coordinated to develop an ongoing supportive network for the teen.

Referenced Documents

DSS Form 30136

Human Services 832.04

Human Services 832.04

Human Services 843.05

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832.04 Foster Teens Attending College

This section outlines the services available for foster care teens who are accepted into technical and/or two or four year college programs.

Foster Care/MTS worker

1. In addition to the ongoing services already provided to a youth in foster care, independent living services also include accessing information about ongoing education. Staff can accomplish this through coordination with FI (Family Independence) staff for educational assessments, as well as with the guidance office of the school in which the youth is enrolled.

2. Foster Care youth desirous of attending a college should be referred through school guidance staff for advice on:

a. Participation in ACT/SAT preparation classes or courses;

b. Whether to take the ACT or the SAT and when; and

c. How to apply for multiple grants and scholarships - ***Note: There are now special state need-based grants that give priority to foster care youth. Contact the guidance counselor for the most up- to-date information. HOPE scholarships are available to students who graduate with a B average but don't have the test scores or class rank for other scholarships. Other resources for talented foster care youth who qualify include LIFE scholarships and Palmetto Fellowships.***

3. Assess the ongoing financial needs and living arrangements of the youth. In collaboration with state program staff, review all grants, scholarships, and loans that youth has been officially awarded. On a case by case basis, a determination will be made as to the availability and amount of IL funds, and whether or not a board payment can be accessed. Contact IL program staff for more information and submit IL request forms as needed.

4. If the foster care youth is not going to continue with a foster home as a home base, and will be leaving the foster care system, the foster care episode should be closed. Requests for IL services and funding can continue up to the youth's 21st birthday. The teen should have information about who to contact within the agency for future requests. Discuss keeping foster care episode open with IL program staff prior to closing in order to maintain eligibility for state based scholarship.

5. Monthly face-to-face contacts with teens 18 and older is not required, but monthly contact is recommended (while the case remains open) to assess for ongoing needs/progress.

Referenced Documents

Revision Comments

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832.05 Foster Care Aftercare Services and "P.A.T.T.Y." Program

The department offers limited services (based on funding availability) to former foster care youth who return to the department prior to their 21st birthday and request assistance. **The P.A.T.T.Y. Program guidelines apply to those youth who remain outside of the foster care system.** "P.A.T.T.Y." stands for "Providing Assistance to Transitioning Youth." Case management guidelines are in Section 832.7. If the youth requests to return to foster care and the decision is made to allow him/her to be placed back in foster care, then refer back to previous information in Section 832 - 832.4. However, the eligibility to reenter foster care is restricted to those youth who left care less than one year prior to their request to reenter, any criminal offense history must be taken into consideration, and there must be a placement available. The following services can be offered to former foster care youth, ages 18-21, *who were considered emancipated (the agency was relieved of custody)**. ***These services are subject to limitations and are not available to former foster children who were discharged into the custody of their families/relatives or adoptively placed:***

- Life Skill training
- Drivers Education courses
- Adult Education
- Limited Assistance with Transportation
- Literacy or other Tutoring
- Job Coaching/Searches
- GED programs
- Limited Assistance with Utilities or Shelter Costs
- Job Skills Assessment
- Emergency Food needs
- Career Identification/Development
- Work Clothes
- Vocational training
- Referrals to other community programs and resources (including faith community)

Individuals with dependent children can also apply for family independence funding , food stamps, assistance with child care, and Medicaid insurance coverage for the child(ren). Full participation in FI will count towards the lifetime maximum FI benefit.

The individual is eligible for Medicaid insurance coverage until 21st birthday and is potentially eligible for increased assistance with shelter costs or room and board if he or she was still in foster care on the 18th birthday.

Services and potential benefits are to be coordinated between resources available from Independent Living funds and Family Independence (TANF funding). Each county office should have staff designated to provide case management services for youth eligible for the PATTY program. The staff should have knowledge and/or experience in both foster care and family independence. If possible, the youth's former worker can provide case management. (See 832.6 and 832.7)

Youth on runaway status are considered to be in foster care. The agency encourages foster care youth to remain in agency custody until their 18th birthday. If a youth was emancipated by the court while on runaway status, and they were not known to be residing with family at the time of emancipation, then said youth is eligible for services.

Note: If it is suspected that a teen may never attain self-sufficiency skills; this case should be reviewed with Family Independence, Foster Care, former providers and Case Management Staff, Adult Services, and any other appropriate agencies in order to develop a current and future plan of assistance for the teen.

Referenced Documents

Human Services 832
Human Services 832.01
Human Services 832.02
Human Services 832.03
Human Services 832.04
Human Services 832.06
Human Services 832.07

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832.06 FC/ Aftercare Emergency Requests for Resources

A combination of Family Independence funding (under proposal - youth must be under 200% poverty level), IL funding, Flex Funds, and other county funds should be the options available for assisting youth ages 18-21, who were previously in foster care and returned for further services. For county funds being expended in anticipation of reimbursement through IL funding, contact IL program staff for prior approval.

Note- reimbursement may require four weeks in processing time). **Counties should not restrict or refuse services to teens who were previously case managed by other counties or offices.*

Homelessness

- Hotel for several days while trying to help locate fulltime living arrangements. Counties should try to set this up as direct bill and/or use FI funds or county funds

Facing Eviction

- Use FI funds or county funds

Need Food

- Food pantries, voucher systems with local stores, follow up application for Food Stamps

Medical Problems

- Get Medicaid approved ASAP if not already and provided youth was in foster care on 18th birthday
- Medicaid staff can use FC category until further notice
- Emergency Rooms, Health Departments

Out of Medication

- Have local pharmacy bill agency (FI funds cannot be used for medications)
- If no refill, refer to medical provider with request to bill agency or Medicaid
- Assess Medicaid status

Lost Job

- Assess issues around job loss
- Consult with job coach or other FI involvement

Released from Jail

- Consult with Probation and Parole and Alston Wilkes to determine ongoing involvement and resources through those entities
- Do not turn away automatically, but if youth is incarcerated and calling for assistance or for bail money, IL resources will not potentially be available until youth is released. Funding is not available for bail money.

Substance Abuse

- Consult with DAODAS entities to determine any involvement or make referrals
- If inpatient treatment is needed, DAODAS or Medicaid should be paying source

Domestic Violence

- Assist with placement in a specified shelter, any needed referrals to Legal Services to access family court for order of protection (or magistrate assistance on weekends), referrals to Domestic Violence projects.
- Assess ongoing needs for food, shelter, jobs, etc. and assist if possible

Referenced Documents**Revision Comments**

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832.07 Aftercare Services (Case Management)

Former Foster Care Youth

1. Makes request for services to DSS county office in which a youth ages 18-21 is residing (or returns to the previous county office that had case management). Former MTS teens are to make initial request through county offices.

County Designated Staff

2. Conducts an interactive interview to provide youth with PATTY Program information and application materials to complete and sign.
 - a. If the decision is made that youth is eligible to return to foster care, that this is in the best interest of the youth, and this is what the youth desires, then coordinate decision and placement with foster care staff.
3. Determines with youth any crisis needs that must be resolved and develops an initial service plan. Make any needed crisis referrals, begin coordinating services, and potential benefits through linking efforts with Family Independence and Independent Living funding sources. Access county funds as needed, pending reimbursement from Independent Living funds.
4. Initiate assessment of youth utilizing Family Independence assessment instruments and develop or update the Service Plan.
 - a. A primary objective during involvement with the youth is to help them develop a network of family, or other individuals as a future safety net.
 - b. The Service Plan can include having the youth be responsible for initiating some of the face-to-face contacts.
5. Maintains contact with the youth per the following schedule:
 - a. Weekly during the first month of case management;
 - b. Every other week during the second month of case;
 - c. Monthly during third and fourth months of case.
6. During fifth and sixth months of case, has a monthly contact with the youth and close case only after a final a final fact-to-face contact to discuss progress and closure and

ask for permission from youth for potential follow up via future surveys.

7. Service Plan is evaluated and updated monthly.

Referenced Documents

Revision Comments

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833 Services for the Pregnant Youth in Foster Care

This section outlines the steps to be followed to ensure the provision of services to a foster care youth who is pregnant.

Departmental Values

The agency will make every effort to honor the wishes of the foster care youth who is pregnant; however, the needs and best interests of the infant will be of paramount concern.

What Children and Youth Are Affected by This Policy

This policy will affect all pregnant foster care youth and their infants.

Operational Impact

When possible, infants or children born to youth in foster care will be cared for by their parent and services will be provided to the birth parent in foster care to assist the youth in becoming a responsible parent.

Procedures to Accomplish

When a foster care youth is pregnant the foster care or IFCCS worker will:

1. Coordinate a referral to a physician or to the local health department to confirm the foster youth's pregnancy.
2. Refer, support, and assist the foster care youth in obtaining prenatal services and related counseling on issues surrounding pregnancy.
3. In conjunction with #2 above, if parental rights have not been terminated, notify parents that their daughter is pregnant.
4. If the agency has reason to suspect a violation of law has occurred (i.e. incest), then law enforcement should be notified.
5. If the pregnant youth indicates a desire to seek an abortion, and if the youth is under age 17 and cannot obtain the requisite consent, refer to area adoption staff. The agency cannot consent to an abortion. As Medicaid is the primary insurer for foster children's health care, consult with Medicaid staff regarding any abortion procedure coverage.
6. If the pregnant youth indicates a desire to relinquish the child for adoption, involve area adoption staff.
7. Contact school officials as needed to determine how the specific

school handles educational services for a pregnant youth.

8. Meet with pregnant youth to discuss the following issues:

- a. preferences, placement options and plans for the care of the baby;
- b. any array of resources available to the youth including parenting skills;
- c. identification of, and the role and involvement of the biological father with the baby and mother;
- d. rights of the alleged father to be informed by the agency about the pregnancy and challenge paternity; and
- e. pregnant youth's educational needs and future employment goals.

The Plan for the Baby

While the agency will make reasonable efforts to support a pregnant youth in a plan of caring for her baby while still in foster care, the agency has the responsibility to assess and determine if there are risk or safety issues that would prohibit such a plan. Factors to be assessed include:

- a. current placement circumstances of the youth;
 - b. education level, past mental health and behavior history, functioning level and current needs of youth;
 - c. the length of time it may take for the youth to live independently or in a permanent supportive environment; and
- d. other alternative placement options with maternal or paternal relatives.

Agency staff may coordinate a staffing with the pregnant youth, alleged father, relatives, GAL, current providers or others to assist in making the above assessment or determining future placement and permanent plans for youth and unborn child.

If the plan will be for the pregnant youth to keep her baby and be in foster care placement with the baby, documented efforts must be made to identify a placement for the foster care youth and her child. Placement options can include foster homes or group residential placements (assistance regarding placement resources may be obtained from the State Office Licensing or Foster Care staff).

- a. The agency can make a board payment for the baby to the placement provider even if the agency does not have legal custody of the infant, as long as the mother and child are placed together. (See ["Child of a Minor Parent in Foster Care" in this section.](#))

b. Should the placement disrupt and the baby can no longer be placed with the foster care youth, the agency must assess risk, safety, and permanency for the baby. Use of voluntary placement agreement or court petition for custody will be necessary (to continue to draw down federal financial assistance to fund the baby's ongoing placement in the foster care system). The baby then becomes a foster child. Child support referrals are to be made.

**Note: Child care assistance may be available through the FI program if foster parent is employed and the foster child is in school or is employed.*

If placement resources are not available for foster care youth and her baby to stay together, then support services need to be available to help the youth assume a parental role (i.e. visitation, parenting services). Efforts to produce a united placement shall continue.

Neither race, color, nor national origin (RCNO) of a child or prospective caregiver may be considered in the placement selection process for a foster child. Culture may not be used as a proxy for RCNO. Placements may not be delayed or denied on the basis of RCNO of the child or the provider. Birth parent preferences for a placement of a specific RCNO will not be sought or honored.

Paternal Involvement

If the baby's father has been identified (or established through paternity tests or acknowledgement of paternity) and the father is seeking ongoing involvement with the baby, [he should be included in staffings](#) and the agency should assist the young mother in any coordination of visitation.

A child support referral can be made on the father on behalf of the mother using DSS 2700-1.

Child of a Minor Parent in Foster Care

[When foster care maintenance payments are made on behalf of the child of a minor parent who is in foster care, and the child of the minor parent is placed in a foster family home or child care institution with the minor parent, the maintenance payment must include amounts which are necessary to cover costs incurred on behalf of the minor parent's son or daughter. The foster parent or the institution should assist the minor parent in the purchase of food, clothing, and other necessities as listed below.](#)

[These payments must be limited to those items included in the following explanation of foster care maintenance payments. Foster care maintenance payments for a child in foster care may cover the cost of \(and the cost of](#)

providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to the child, and reasonable travel to the child's home for visitation with family, or other caretakers and reasonable travel for the child to remain in the school in which the child is enrolled at the time of placement. Local travel associated with providing the items listed above is also an allowable expense. In the case of child care institutions, such term must include the reasonable costs of administration and operation of such institutions as are necessarily required to provide the items described in the preceding sentences.

Overview of Statutes/Regulations

Social Security Act Title IV-B and IV-E, Section 475: The Social Security Act includes foster care maintenance payments requirements, placement setting requirements and permanency planning.

Multiethnic Placement Act (MEPA) of 1994 includes requirements that race, color, or national origin are not considered in the placement selection process.

Referenced Documents

Social Security Act, section 475, MEPA

Revision Comments

Added legal basis, added foster care maintenance payments information

South Carolina Department of Social Services
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Revision Number: 05-01

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833.01 Ongoing Services for the Teen Parent in Foster Caer

Foster Care/MTS worker

1. Treatment Plans ([Child and Family Service Assessment Plan, DSS Form 30231](#)) need to be individualized to meet the needs and/ or goals of the teen parent in foster care. The youth's input in the planning stages is an integral part of the process. In addition to their involvement, the plans should include:

a. various independent living strategies (budgeting, shopping, taxes, job hunting, leasing, etc.) to help prepare the parents towards self-sufficiency;

**Note: refer to Section 832*

b. parenting skills classes for the teen parent;

c. educational needs and/ or vocational goals;

d. input from the foster parents or others serving as part of the adolescent's resource network.

2. Resources available to help support the parents are vital to their well-being. While services may vary by area, some general resources that need to be considered:

a. county health departments offer a variety of services including prenatal checkups, children's health clinics, early and periodic screenings, diagnosis and treatment for children on Medicaid, immunizations, WIC (food supplement program), health education, screening for and treatment of sexually transmitted diseases, evaluation and treatment of children with physical handicaps or chronic illness.

b. potential agency services include services from Family Independence staff, Medicaid, transportation for medical appointments for Medicaid eligible clients, Child Support Enforcement, adoptions and general case management.

c. family members should also be considered as a potential resource to assist with adolescent care and transportation needs.

d. referring biological fathers to fatherhood initiative programs.

3. The agency is responsible for updating the court during annual permanency planning

hearings for any change in the mother's permanent plans. Should the teen parent in foster care continue to retain custody of her baby, no court hearing is necessary for the baby, nor do time frames for permanency planning apply if the infant is not in the agency custody.

4. Information for the Foster Care Review Board needs to only address the teen parent in foster care if the baby is not in agency custody.

5. Medical consent involving treatment for the baby is as follows:

a. The biological mother has a right to consent to medical treatment even if the mother is a minor.

b. Court intervention may be necessary if the mother refuses to consent for medical services for illnesses or injuries that are considered life threatening to the infant/child or the infant/child could suffer permanent harm without the services. This is a drastic step and must be evaluated on a case-by-case basis. Consult with the county attorney.

6. Document all activity in CAPSS.

Referenced Documents

DSS Form 30231

Human Services 832

Revision Comments

Item 1, inserted Child and Family Service Assessment language. 8/05

South Carolina Department of Social Services
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833.02 Child in Foster Care Planning Marriage

If a child in foster care is contemplating marriage, **parental consent is required.**

In the situation of a foster child who wants to marry the father of her child, Section 20-1-300 of the SC statute relates to issuing marriage licenses in the situation in which the female is pregnant or has borne a child and reads:

“Notwithstanding the provisions of 20-1-250 and 20-1-290, a marriage license may be issued to an unmarried female and male under the age of eighteen years who could otherwise enter into a marital contract, if such female be pregnant or has borne a child under the following conditions:”

(a) The fact of pregnancy or birth is established by the report or certificate of at least one dually licensed physician;

(b) She and the putative father agree to marry:

(c) Written consent to the marriage is given by one of the parents of the female, or by a person standing in loco parentis, such as her guardian or the person with whom she resides, or in the event of no such qualified person, with the consent of the superintendent of the department of social services of the county in which either party resides;

(d) Without regard to the age of the female and male: and

(e) Without any requirement for any further consent to the marriage of the male.

Referenced Documents

SC Code of Laws 20-1-250

SC Code of Laws 20-1-290

SC Code of Laws 20-1-300

Revision Comments

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834 Child Runs Away or is Reported as Missing from Placement

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This section outlines procedures to be followed when a foster child runs away or is reported as missing from his/her foster care placement.

Foster Care Provider

1. **Immediately** contacts law enforcement if foster child has run away or is otherwise missing. Provide as much information as possible including the child's possible whereabouts and information to help identify the child, including the clothing the child was last seen wearing.
2. After making the report to law enforcement, **immediately** contacts the DSS office responsible for the child.

Foster Care/MTS Worker/Supervisor

3. Upon notification of the runaway or missing foster child, contacts:
 - a). Law Enforcement to assure they have been notified and provided with appropriate information, including but not limited to:
 - i) Correct identifying information and any special circumstances that could place the child or the public at increased risk. These circumstances could include: age, medical conditions, medications which could effect health or conduct if missed, physical or mental disabilities, history of criminal conduct or physical violence which could affect officer or public safety; any history of suicidal ideation or action.
 - ii) Whether the child has run away previously and was found at or known to have been at a particular location;
 - iii) Addresses of parents, family, friends, or any significant person in the child's life;
 - iv) Any other information that could lead to helping locate the child;
 - v) Photo of the child.
 - b) the parent/legal guardian and Guardian Ad Litem;
 - c) school officials.

4. Requests that law enforcement enter the child into the National Crime Information Center (NCIC) Missing Person File, in accordance with their protocols for such action. Obtain a copy of the missing person report and place in case file. Notify the National Center for Missing & Exploited Children at 1-800-843-5678 for official case intake. Sign the release and verification form for the National Center for Missing and Exploited Children. Indicate job title on the form and that the signer is executing the release on behalf of DSS, the child's custodian. File a copy of the completed forms in the case record.

* Note: The forms for the National Center for Missing and Exploited Children can be found in the Master Forms Index. The forms are found in Special Headings - Common Non-DSS Forms tab. In the event there is a problem or delay in obtaining the forms, contact the National Center for Missing and Exploited Children.

5. Determines whether law enforcement will require a pick-up order from the Family Court to physically seize and return the child. If a pick-up order has not been obtained from the Family Court, request that law enforcement contact the agency if they should see the child, and the worker will then be responsible for attempting to pick up the child. When appropriate to the circumstances, worker should request that law enforcement accompany the worker.

6. If necessary, contacts county DSS attorney or local county office of the Department of Juvenile Justice (depending upon local county procedures) to obtain a pick-up order.

7. Contacts the Office of Investigation (OI) for further assistance in linking with law enforcement in the following circumstances:

- a) If there are any questions about making the report to OI or to law enforcement;
or
- b) The child has special conditions as set out in 3(a); or
- c) When it is believed that OI's assistance to local law enforcement increases the probability that the child would be found.

Note: OI agents are available after hours and can be reached by obtaining their cell phone number via their voice mail.

8. Provides OI with the name of the law enforcement agency that is involved and specifics pertaining to the element of risk.

9. Upon receipt of a signed pick-up order from a judge, supplies the order to law enforcement.

10. Notifies service providers who may be affected.

11. Updates placement data in CAPSS.
12. Reports any changes after 30 days to the State Office IV-E Coordinator of the child's missing/ runaway status.
13. Contacts at least every two weeks (by letter, phone, or visit) parents and/or other relatives or friends to explore possible leads on the child's whereabouts.
14. Conducts follow-up contact with law enforcement at least every two weeks to determine the status of their efforts in locating the child.
15. Contacts OI at least every two weeks to share information regarding efforts to locate the child.
16. Upon recovery of a foster child, notify the National Center for Missing & Exploited Children at 1-800-843-5678.

***Note:** Runaway foster children are in agency custody until a court relieves the agency of custody or the child reaches adulthood. It is not appropriate for DSS as custodian to ask the court to be relieved of custody, or to ask for a child to be emancipated when the **sole** basis for the request is that the child is on runaway status. To ask the court to emancipate a child, DSS must be able to show to the court that the child is not at risk of harm, is self sufficient, and is self supporting. To ask to be relieved of custody, DSS must be able show the child is not at risk of harm and that appropriate arrangements for care of the child are in place. Cross reference Section 832.03 on Independent Living. Youth on runaway status are considered to be in foster care.

Note: The agency encourages foster care youth to remain in agency custody until their 18th birthday. If a youth should be emancipated by the court while on runaway status, and they were not known to be residing with family at the time of emancipation, then said youth is eligible for services. Cross reference Section 832.05.

Referenced Documents

Section 832.03
Section 832.05

Revision Comments

Item 3, language inserted to clarify what information can be given to law enforcement. 10/05
Item 3c, school added. 4/06
Item 4, requests law enforcement enter a runaway child into the National Crime Information Center (NCIC). 10/05
Note (Item 4), procedures for contacting the National Center for Missing and Exploited Children's Network. 4/06
Items 5 & 6, language added regarding pick-up orders. 10/05
Items 7 & 8, details the circumstances for contacting the Office of Investigation. 10/05

Item 16, new language to address procedures for recovery of a foster child. 4/06

South Carolina Department of Social Services
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835 Medical Consent

Whenever a child is placed in DSS custody either by court order or voluntary placement, DSS has the authority to make decisions concerning ordinary medical care and emergency care.

**Note: Refer to Section 819 for a schedule of routine medical and dental care for a foster child.*

Whenever a child needs a medical procedure other than ordinary routine medical care, a review of the court order should be made to determine if DSS has been granted the authority to consent to such care. **Even if such authority has been granted, priority should always be given to allowing parents to consent to any procedure if they are available to do so (unless parental rights have been relinquished or terminated).**

Health care providers do not need consent to provide emergency care to a patient. When the delay involved in obtaining the consent of the appropriate DSS official or parent would present a serious risk to the health of the patient, emergency care should be provided. Authority to make decisions concerning major surgery or other high risk procedures remains with the parents (parental rights not relinquished or terminated) **unless** a court order gives DSS that authority. If a child is medically fragile or the Department is aware that the parents of the child cannot be located, the department should obtain the court's authority to consent to major medical procedures as soon as possible to prevent any delays in obtaining medical care for the child.

DSS has authority to make **all** medical decisions for the child when parental rights have been terminated or the parents have relinquished parental rights. For other cases, DSS must be granted authority per court order to make medical decisions, however, the agency will not exert that court ordered authority on non-TPR cases if the parents are available and are willing to give their consents. *Note: Under certain conditions, parental consent for medical procedures that are not life threatening for youth 16 years of age or older is not required. (Refer to SC Code of Laws, 20-7-280.)*

When DSS has authority to make medical decisions for a child, that authority is allocated as follows:

1. The **State Director or his/her designee** must make a decision for the following types of procedure:

a. **Major surgery**: includes, but is not limited to, any surgical procedure that requires two (2) or more days of in-patient hospitalization.

b. **Withholding or withdrawal** of life-sustaining procedures, including orders not to resuscitate (DNR orders).

2. **County Directors/MTS Regional Directors/Area Adoption Administrators**, must make the decision for other procedures as follows:

a. **Minor Surgery**: examples include insertion of ear tubes, circumcision, insertion of shunts and related tubing. Generally, any out patient surgical procedure will fall into this category.

b. **Invasive diagnostic procedures**: examples include upper GI, colonoscopy, barium enema.

c. Use of **general anesthesia**.

b. A **designee** (DSS employee) of the County Director, MTS Regional Director or Area Administrator may make the decision for other minor medical procedures. Examples include:

(1) Noninvasive diagnostic procedures, such as an x-ray.

(2) Procedures involving only a negligible bodily invasion, such as an injection or withdrawal of blood.

(3) Maintenance of shunts or tubes.

3. Staffing as needed regarding consent for medical procedures may include but not be limited to: County Director, MTS Director or MTS Regional Director, Area Adoption Administrator and/or designee; Guardian Ad Litem; parent(s); foster parent(s); supervisor and worker. Following the staffing, the county attorney (as necessary) may be consulted to resolve any questions or concerns.

Referenced Documents

SC Code of Laws, Section 20-7-280

Revision Comments

1st Paragraph, reference added to clarify the frequency of routine medical and dental care. 12/06

3rd Paragraph, inserted language regarding exception for medical consent for youth 16 years of age and older. 12/06

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835.01 Procedures for Medical Consent

The Children's Code Reform Act of 1996 protects parents rights (for children in the custody of the agency) to consent to major non-emergency medical, and surgical treatment. When a medical professional recommends a procedure that requires a parent's or guardian's consent, the effort must be made to obtain the parent's or guardian's approval and involve them in that process. The only exceptions are when the parents have relinquished their parental rights, parental rights have been terminated or a court order contains specific language that gives DSS the parent's role in consenting. When DSS has the authority to make medical decisions for a child, the severity and degree of the medical procedure determine who shall make that decision. This section describes the allocation of authority to provide consent among DSS officials and staff when DSS has the authority to make medical decisions for a child; this authority is distributed according to the severity and degree of the medical procedure.

Foster Care, Adoptions, MTS Worker

1. Coordinates routine medical care as needed, and involves parents and caregivers as appropriate.
2. In the event of an emergency, attempts to notify the parent(s) to inform them of their child needing emergency medical care.

County/ MTS Regional Administrator, Designee (DSS employee)

3. Gives consent for emergency medical care in the absence of Director, Adoption parental consent. Treatment should not be delayed if the approval process presents a serious risk to the health of a child.

Foster Care, Adoptions, MTS Worker

4. Unless the parental rights have been terminated, parental rights relinquished, or a court order restricts the parents rights to consent, informs the parents upon learning of the need for the medical procedure, assisting the parents in completing consent paperwork.
5. If the parents are not available, their whereabouts are unknown, or parents refuse to consent, coordinates and conducts a staffing to review the current court order to

determine if there is a need to petition a court for authority to consent to the requested procedure.

**Note: if the urgency of the child's medical condition does not allow for locating the parents, either the attending physician or designated DSS official may authorize emergency treatment.*

- a. Includes in the staffing the county director, adoption administrator or MTS Regional Director or their designee, Guardian Ad Litem (GAL), supervisor, foster parents and worker as appropriate. Following the staffing, consults with the county attorney (as necessary) to resolve any questions or concerns.
- b. If the agency does not have consenting authority for the proposed procedure, submits an emergency petition to revise the court order to the Family Court to revise the court order.

Note: Case status should be continually assessed to determine if consent for medical procedures needs to be addressed in a court order thereby eliminating the need to obtain an emergency order, a process that could delay the child receiving the needed medical treatment.

- c. Documents efforts to contact/involve the parents when parents cannot be located.

6. When the court order grants DSS the authority to make medical decisions or parental rights have been terminated or relinquished, obtains the approval for the procedure as follows:

Designee of MTS Regional Director, County Director, Area Adoption Admin. (DSS Employee)

- a. Consents to medical care involving **non-invasive diagnostic procedures** such as x-ray, an injection or withdrawal of blood, maintenance on shunts or tubes.

County Director, MTS Regional Director, Area Adoption Admin

- b. Consents to medical procedures involving **minor surgery** (examples include insertion of ear tubes, circumcision, insertion of shunts and related tubing; generally any outpatient surgical procedures will fall into this category); **invasive diagnostic procedures** (examples include GI, colonoscopy, barium enema); use of **general anesthesia** in the above procedures).

State Director/Designee

- c. Consents to medical care for **major surgery** in-patient hospitalization or the **withholding or withdrawal of life-sustaining procedures**.

This includes orders not to resuscitate (DNR orders).

Foster Care, Adoptions or MTS Worker

7. For decisions requiring the County Director's/MTS Regional Director's or Area Adoption Administrator's approval, prepares a summary for review that includes the following information.

- a. A court order that grants the agency the authority to consent for this treatment, a court order that terminates the parental rights, or executed relinquishments.
- b. Information regarding parental involvement and attempts to locate the parents in order to discuss the issue and obtain their consent for the procedure if parental rights have not been terminated or relinquished.
- c. The name and telephone number of the doctor.
- d. The nature of the proposed medical procedure (in plain English); whether general or localized anesthesia will be used.
- e. Significant risks presented by the procedure.
- f. Why the doctor believes the procedure is needed, and the anticipated result of procedure.
- g. If the child has been in foster care four (4) months or longer, whether the foster parents feel the procedure should be performed, and if not, why.
- h. Physician's/hospital consent forms, if applicable.
- i. Cover sheet located in Section 835.5.

8. Facilitates obtaining the State Director's approval by:

- a. Making the request as soon as possible and well in advance of date selected for procedure.

Foster Care, Adoptions or MTS Worker

- b. Follows up as necessary to ensure that the medical provider receives the consent documentation in a timely manner. Files copies of all documentation in the case record.

9. For decisions that require the State Director's approval:

- a. Prepares a packet that includes:
 - i. A copy of the court order that gives the agency the authority to consent for medical treatment, a court order that terminates parental rights, or executed relinquishments.
 - ii. Medical documentation of the child's condition.
 - iii. Physician's/hospital required forms.

iv. A detailed summary of the case, including a history of parental involvement and attempts to locate the parents in order to discuss this issue and/or obtain their consent for the procedure if parental rights have not been terminated or relinquished.

v. Cover sheet located in Section 835.4.

b. Contacts, by phone, state foster care program staff to give advance notice that faxed documents are being sent for approval by the State Director.

c. Faxes the request for approval along with the information compiled to the attention of the Assistant Director of Foster Care and Adoptions.

d. Follows up as necessary to ensure that the medical provider receives the approval documentation. Files copies of documentation in the case record.

Note: Even though the agency may have been granted authority to approve the procedure or parental rights have been terminated or relinquished, the agency should consider on a case by case basis, from a humanitarian perspective rather than a legal one, what measures should be taken to involve or inform the parents of the decision to withhold or withdraw life-sustaining procedures or approval of a DNR order.

Referenced Documents

Human Services 835.04

Human Services 835.05

Revision Comments

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Human Services Policy and Procedure Manual

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835.02 Medical Consent for Medically Fragile Children

When a medically fragile child initially enters custody of the agency, consideration should be given to obtaining legal authority to consent to all medical treatments at the earliest court hearing. The agency continues to support and encourage parental involvement when consent is needed for a medical procedure. However when a child needs repeated medical treatments, and the parent(s) is/are not available or not willing to consent to recommended medical treatment(s), the agency should obtain the court's authority to consent to major medical procedures to prevent any delays in obtaining medical care for the child.

Foster Care, Adoptions, MTS Worker

1. Confers with the parents and determines their willingness to cooperate and to consent to recommended medical treatment.
 2. If necessary due to case circumstances, staffs the case to determine if court intervention is needed in order to consent to major surgery or high risk procedures.
 3. Refers to Section 835.1 for approval procedures when a child is in need of a medical treatment.
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Referenced Documents

Human Services 835.01

Revision Comments

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835.03 Medical Consent for Voluntary Placements

When a voluntary placement is made (refer to Section 812), the agency has the authority to make decisions concerning emergency and ordinary medical care. This section describes the approval process when a child has been voluntarily placed with the agency. When the parent's whereabouts are unknown, the agency should obtain the court's authority to consent to medical procedures involving major surgery.

**Note: Also see Section 833 for more information.*

Foster Care, Adoptions, MTS Worker

1. Involves the parents in medical decision for medical treatment;
 2. If parent(s) cannot be located and efforts have been made to locate them or they refuse to consent to a needed medical treatment, staffs the case to determine if court intervention is needed for removal of custody with authorization to consent or for court authorization to consent pursuant to S.C. Code 20-7-652.
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Referenced Documents

Human Services 812

Human Services 833

SC Code of Laws 20-7-652

Revision Comments